



University of Pennsylvania
PennCare PPO
RETIREES PRE-65
January 1, 2024 - December 31, 2024

Benefits	Quest Preferred	Quest Regional	Out of Network (Non-preferred Providers)
	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 only; 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, coinsurance, and copayments. Accumulations are across Preferred and Regional tiers only. 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) <small>(Includes services provided by Crisis Response Center (CRC) at CHOP Behavioral Health and Crisis Center - effective 2/12/2024)</small>		\$100 co-payment (no deductible)
Crisis Stabilization Unit (CSU) ³ <small>(Services provided at CHOP Behavioral Health and Crisis Center) (Program limitation of 5 days) (effective 2/12/24)</small>	10% co-insurance, after deductible	<small>Co-payment waived if admitted</small>	
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
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 <small>In-Person and Telehealth PHP are covered at the same benefit.</small>	100% (no deductible)	100% (no deductible)	40% co-insurance, after deductible
Intensive Outpatient Programs (IOP) ³ <small>In-Person and Telehealth IOP are covered at the same benefit.</small>	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 & Telehealth Visits	\$10 co-payment (no deductible)	\$15 co-payment (no deductible)	40% co-insurance, after deductible
<small>Claims must be submitted with appropriate telemedicine modifier or POS code.</small>			
Specialized Treatment & Diagnostic Services <small>Recertification is required</small>			
Autism Spectrum Disorders ³ <small>Primarily includes Applied Behavioral Analysis (ABA) In-Person and Telehealth are covered at the same benefit.</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	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 shared between mental health, substance use disorder, and medical benefit. Pharmacy not included.			
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.			