

The Pennsylvania State University Faculty/Staff - 2017 Value Based Benefit Design (VBBD)

Reduced Medical Cost-Sharing for Members with Chronic Conditions

If you or one of your family members have a chronic condition, you know that managing of your condition can lead to healthier outcomes—both in the present and the future. If cost is an obstacle in managing your condition, you'll be pleased to know that your employer has added a high-value services benefits where you can receive reduced or waived cost-sharing for care associated with certain health conditions. If you have the following chronic condition(s), you are eligible to participate and would receive the condition-specific benefits listed below at the "Enhanced" benefit level.

This applies to the PPO Blue Plan design ONLY

Hypertension

Benefits	Enhanced Benefits Network ⁽¹⁾	Standard Benefits	
		In-Network	Out-of-Network
Deductible (per benefit period) Individual Family	Waived Waived	\$375 \$750	\$750 \$1,500
Plan Payment Level – Based on the provider's reasonable charge (PRC)	100% (deductible waived)	90% after deductible	70% after deductible
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%) Individual Family	Not Applicable Not Applicable	\$1,250 \$2,500	\$2,500 \$5,000
Primary Care Physician Office Visits	100% (copayment waived)	100% after \$20 copayment	70% after deductible
Specialist Office Visits	100% (copayment waived)	100% after \$30 copayment	70% after deductible
Urinalysis	100% (deductible waived)	90% after deductible	70% after deductible
Basic Metabolic Panel	100% (deductible waived)	90% after deductible	70% after deductible
Microalbumin Urine Test	100% (deductible waived)	90% after deductible	70% after deductible

(1) Enhanced benefits only apply to condition-specific services received from a network provider. Services received out-of-network will be reimbursed at the same out-of-network benefit level as standard benefits. Standard drug cost share applies.



Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service

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