

The Pennsylvania State University Technical Service – 2018

Value Based Benefit (VBB)

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 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 Penn State has high-value

services where you can receive reduced or waived cost-sharing for care associated with certain health conditions. If you have the following chronic condition, you are eligible to receive the condition-specific benefits listed below at the "Enhanced*" benefit level.

This applies to the PPO Plan design ONLY.
You must follow the attached **Diabetic Supplies Guidelines** in order to receive the Enhanced Benefit.

Diabetes

Benefit	Enhanced Benefits	Standard Benefits	
		In-Network	Out-of-Network
Deductible (per benefit period)	Waived/Individual Waived/Family	\$500/Individual \$1,000/Employee and Child(ren) \$1,000/Employee and Spouse/Partner \$1,000/Family	\$250/Individual \$375/Employee and Child(ren) \$500/Employee and Spouse/Partner \$500/Family
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%)	Not Applicable/Individual Not Applicable/Family	\$1,000/Individual \$1,500/Employee and Child(ren) \$2,000/Employee and Spouse/Partner \$2,000/Family	\$2,000/Individual \$4,000/Employee and Child(ren) \$4,000/Employee and Spouse/Partner \$4,000/Family
Primary Care Physician Office Visits	100% (deductible waived)	100% after \$10 copayment	70% after deductible

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Value Based Benefit – Diabetes

Benefit	Enhanced Benefits	Standard Benefits	
		In-Network	Out-of-Network
Specialist Office Visits	100% (deductible waived)	100% after \$20 copayment	70% after deductible
Lipid Panel CPT codes: 80061, WA033, 83700, 83701, 83704, 83721	100% (deductible waived)	90% after deductible	70% after deductible
Hemoglobin A1c Test CPT codes: 83021, 83036, 83037, WA089, WA090, WA138	100% (deductible waived)	90% after deductible	70% after deductible
Microalbumin Urine Test CPT codes: 82043, 82044	100% (deductible waived)	90% after deductible	70% after deductible
Liver Function Test CPT code: 80076	100% (deductible waived)	90% after deductible	70% after deductible
Dilated Retinal Exam performed by a physician	100% (copayment waived)	100% after \$10 copayment	70% after deductible
Dilated Retinal Exam performed by a specialist	100% (copayment waived)	100% after \$20 copayment	70% after deductible
Stress Test	100% (deductible waived)	90% after deductible	70% after deductible
Basic Metabolic Panel CPT codes: 80047, 80048	100% (deductible waived)	90% after deductible	70% after deductible
Glucometer/test strips/needles/syringes (Follow diabetic supplies guidelines chart)	100% (deductible waived)	90% after deductible	70% after deductible
Insulin Pump and Insulin Pump Supplies (Follow diabetic supplies guidelines chart)	100% (deductible waived)	90% after deductible	70% after deductible
Diabetes Education (up to 10 hours)	100% (deductible waived)	90% after deductible	70% after deductible

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Value Based Benefit – Diabetes

Benefit	Enhanced Benefits	Standard Benefits	
		In-Network	Out-of-Network
Nutrition Counseling Visits (Hospital- based)	100% (deductible waived)	90% after deductible	70% after deductible
Blood Glucose Test CPT codes: 82947, 82948, 82950, 82962	100% (deductible waived)	90% after deductible	70% after deductible
Routine Foot Exam performed by a Primary Care Physician	100% (copayment waived)	100% after \$10 copayment	70% after deductible
Routine Foot Exam performed by a Specialist	100% (copayment waived)	100% after \$20 copayment	70% after deductible
Creatinine Clearance Test CPT codes: 82575	100% (deductible waived)	90% after deductible	70% after deductible

FOR SUPPLIES: Follow the Diabetic Supplies Guidelines chart in order to receive the VBB Cost Sharing waiver; 100% benefit coverage

*Enhanced benefits only apply to condition-specific services received from an in-network provider. Services received out-of-network will be paid at the same out-of-network benefit level as other medical services and you may incur out-of-pocket expenses. Prescription medications are not included in Value-Based Benefits – drug cost share applies.

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