## PENN CUTANEOUS PATHOLOGY SERVICES (ACCEPTED INSURANCE LISTING)

|  |   | Accepted by<br>Penn Cutaneous | Referral |
|--|---|-------------------------------|----------|
| Insurance Carrier Name   | Plan Name                                     | Pathology                     | Required |
| AETNA  | Aetna Health Fund                             | Yes                           | No       |
|  | Aetna HMO                                     | Yes                           | No       |
|  | Aetna Elect Choice EPO                        | Yes                           | No       |
|  | Aetna Open Access HMO                         | Yes                           | No       |
|  | Aetna Open Access Elect Choice (EPO)          | Yes                           | No       |
|  | Quality Point of Service (QPOS)               | Yes                           | No       |
|  | Aetna Managed Care (POS)                      | Yes                           | No       |
|  | USAccess                                      | Yes                           | No       |
|  | Aetna Choice POS                              | Yes                           | No       |
|  | Aetna Choice POS II                           | Yes                           | No       |
|  | Aetna Open Access                             | Yes                           | No       |
|  | Managed Choice (POS)                          | Yes                           | No       |
|  | Open Choice (PPO)                             | Yes                           | No       |
|  | Traditional Choice Indemnity                  | Yes                           | No       |
|  | Golden Choice Plan                            | Yes                           | No       |
|  | Golden Medicare Plan                          | Yes                           | No       |
| ALLIANCE   | Alliance PPO                                  | Yes                           | No       |
| ATLANTICARE  | Atlanticare PPO                               | Yes                           | No       |
| CHICKERING   | University of Pennsylvania Student Plan       | Yes                           | No       |
|  | HMO Network                                   | Yes                           | No       |
|  | HMO Open Access / Network Open Access         | Yes                           | No       |
|  | POS / Network POS                             | Yes                           | No       |
| CIGNA HMO/PPO  | POS Open Access / Network POS                 | Yes                           | No       |
|  | Open Access Plus                              | Yes                           | No       |
|  | PPO   | Yes                           | No       |
|  | PPO Plus                                      | Yes                           | No       |
|  | EPO   | Yes                           | No       |
|  | Health America/Health Assurance HMO           | Yes                           | No       |
|  | Health America/Health Assurance PPO           | Yes                           | No       |
| HEALTH AMERICA/HEALTH ASSURANCE<br>ADVANTRA MEDICARE<br>(COVENTRY HEALTH CARE) | Health America/Health Assurance CCPPO         | Yes                           | No       |
|  | HealthPass/Health Assurance PPO               | Yes                           | No       |
|  | Health America/Advantra Medicare+Choice HMO   | Yes                           | No       |
|  | Coventry Health Plan of Delaware              | No-Send to C                  | ap Lab   |
| DREXEL UNIVERSITY STUDENT HEALTH   | Drexel University Student Health              | Yes                           | No       |
| ELDER HEALTH   | Elder Health Plan                             | Yes                           | No       |
|  | Elder Health Plus                             | Yes                           | No       |
| HEALTHNET  | Healthnet                                     | No-Send to C                  | ap Lab   |
| HEALTH PARTNERS/SENIOR PARTNERS  | Health Partners Medicaid                      | No-Send to C                  |          |
|  | BlueChoice                                    | Yes                           | No       |
|  | BlueWorldwide Expat                           | Yes                           | No       |
|  | ClassicBlue Traditional                       | Yes                           | No       |
|  | ClassicBlue Comprehensive Major Medical       | Yes                           | No       |
|  | DirectBlue                                    | Yes                           | No       |
|  | PPOBlue                                       | Yes                           | No       |
| HIGHMARK-BLUE SHIELD (PA)  | SelcectBlue                                   | Yes                           | No       |
|  | Signature65                                   | Yes                           | No       |
|  | Special Care                                  | Yes                           | No       |
|  | CHIP  | Yes                           | No       |
|  | Adultbasic                                    | Yes                           |          |
|  |   | res                           | No       |
|  |   |                               |          |
|  | MedigapBlue<br>Horizon Indemnity, PPO and POS | Yes                           | No<br>No |

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| Insurance Carrier Name                      | Plan Name  | Accepted by<br>Penn Cutaneous<br>Pathology | Referral<br>Required |
|---|--|--|----------------------|
| INDEPENDENCE<br>BLUE CROSS                  | *AmeriHealth HMO                                       | Yes  | No                   |
|   | Amerihealth PPO  | Yes  | No                   |
|   | AmeriHealth Administrators                             | Yes  | No                   |
|   | *Keystone Health Plan East HMO                         | Yes  | No                   |
|   | *Keystone 65   | Yes  | No                   |
| *Note:                                      | *Keystone POS  | Yes  | No                   |
| (Any HMO that is Capped to the Univ of Penn | *Keystone Direct POS                                   | Yes  | No                   |
| must be sent directly to UPHS Surgical      | Personal Choice (HAS)                                  | Yes  | No                   |
| Pathology)                                  | Personal Choice PPO                                    | Yes  | No                   |
|   | Personal Choice 65                                     | Yes  | No                   |
|   | Traditional Indemnity                                  | Yes  | No                   |
| KETSTONE MERCY                              | Keystone Mercy Health Plan                             | Yes  | Yes                  |
| LIFE  | LIFE (Living Independently for Elders)                 | Yes  | Yes                  |
|   | Pennsylvania   | Yes  | No                   |
| MEDICAID                                    | New Jersey   | No-Send to C                               | ap Lab               |
| MEDICARE                                    | Traditional  | Yes  | No                   |
|   | Rail Road  | Yes  | No                   |
| OXFORD                                      | Oxford HMO   | Yes  | Yes                  |
|   | Oxford PPO   | Yes  | No                   |
| TEAMSTERS HEALTH AND WELFARE FUND           | Teamsters Health and Welfare Fund                      | Yes  | No                   |
| TRICARE                                     | Tricare/Sierra Military Health Plan/Tricare (Champus)  | Yes  | No                   |
| UNITED HEALTHCARE                           | United Healthcare                                      | Yes  | No                   |
| Networks                                    |  |  |                      |
| DEVON HEALTH                                |  | Yes  | No                   |
| HUMANA \ CHOICE CARE                        | These are all PPO Networks in which UPHS participates. | Yes  | No                   |
| INTERGROUP                                  |  | Yes  | No                   |
|   |  | Yes  | No                   |
| MAMSI                                       |  |  |                      |

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