



2009 **SUMMARY OF BENEFITS**

*UPMC for Life
Specialty Plan*

UPMC Health Plan Medicare Program

Introduction to the Summary of Benefits
UPMC *for Life* Specialty Plan
January 1, 2009 - December 31, 2009
Contract Number H3907-020
Western Pennsylvania

Thank you for your interest in UPMC *for Life* Specialty Plan. Our plan is offered by UPMC Health Plan, Inc., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost-sharing in this Summary of Benefits is based on your level of Medicaid eligibility.

Please call UPMC *for Life* Specialty Plan to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UPMC *for Life* Specialty Plan and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like UPMC *for Life* Specialty Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

If you are eligible for both Medicare and Medicaid (dual eligible), you may join or leave a plan at any time.

Please call UPMC *for Life* Specialty Plan at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare UPMC *for Life* Specialty Plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS UPMC *for Life* Specialty Plan AVAILABLE?

The service area for this plan includes: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Washington, and Westmoreland Counties, PA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN UPMC *for Life* Specialty Plan?

You can join UPMC *for Life* Specialty Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

You must also receive assistance from the state to join this plan. Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

UPMC *for Life* Specialty Plan has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list, visit us at www.upmchealthplan.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither UPMC *for Life* Specialty Plan nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

UPMC *for Life* Specialty Plan does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

UPMC *for Life* Specialty Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at: www.upmchealthplan.com/plan/medicare/pharmacy_index.html. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

UPMC *for Life* Specialty Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you, and you can see our complete formulary on our website at http://www.upmchealthplan.com/plan/medicare/pharmacy_index.html.

If you are currently taking a drug that is not on our formulary or is subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join UPMC *for Life* Specialty Plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UPMC *for Life* Specialty Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UPMC *for Life* Specialty Plan for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UPMC *for Life* Specialty Plan for more details.

- Some Antigenes: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen[®]): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call UPMC Health Plan for more information about UPMC *for Life* Specialty Plan.

Visit us at www.upmchealthplan.com or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. – 8 p.m. Eastern.

Current members should call toll-free **1-(800)-606-8648** for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program.
(TTY/TDD **1-(866)-407-8762**.)

Prospective members should call toll-free **1-(866)-405-8762** for questions related to the Medicare Advantage program and Medicare Part D Prescription Drug Program.
(TTY/TDD **1-(866)-407-8762**.)

Current members should call locally **1-(800)-606-8648** for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program.
(TTY/TDD **1-(866)-407-8762**.)

Prospective members should call locally **1-(866)-405-8762** for questions related to the Medicare Advantage program and Medicare Part D Prescription Drug Program.
(TTY/TDD **1-(866)-407-8762**.)

For more information about Medicare, please call Medicare at **1-800-MEDICARE** (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or visit **www.medicare.gov** on the Web.

If you have special needs, this document may be available in other formats.

SUMMARY OF BENEFITS
UPMC *for Life* Specialty Plan

If you have any questions about this Plan’s benefits or costs, please contact UPMC Health Plan for details.

SECTION II: SUMMARY OF BENEFITS		
Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
IMPORTANT INFORMATION		
1-Premium and Other Important Information	<p>The Medicare cost-sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2009 the monthly Part B premium is \$0 or \$96.40, and the yearly Part B deductible amount is \$0 or \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$29.20 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>*All cost-sharing in this Summary of Benefits is based on your level of Medicaid eligibility.</p> <p>In-Network</p> <ul style="list-style-type: none"> • In 2009 the yearly Part B deductible amount is \$0 or \$135. Contact the plan for services that apply.
2-Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • You must go to network doctors, specialists, and hospitals. • No referral required for network doctors, specialists, and hospitals.

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
INPATIENT CARE		
<p>3-Inpatient Hospital Care (Includes substance abuse and rehabilitation services.)</p>	<p>In 2009 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,068 deductible* • Days 61-90: \$267 per day* • Days 91-150: \$534 per lifetime reserve day* <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>In 2009 the amounts for each benefit period, \$0 or:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,068 deductible* • Days 61-90: \$267 per day* • Days 91-150: \$534 per lifetime reserve day* <ul style="list-style-type: none"> • You will not be charged additional cost-sharing for professional services. • Plan covers 90 days each benefit period. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
4-Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190-day lifetime limit in a psychiatric hospital.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”). • You get up to 190 days in a psychiatric hospital in a lifetime. • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5-Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 per day • Days 21-100: \$0 or \$133.50 per day <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for SNF services. • Plan covers up to 100 days each benefit period. • No prior hospital stay is required.

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
6-Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	In-Network <ul style="list-style-type: none"> • \$0 copay for Medicare-covered home health visits.
7-Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.	General <ul style="list-style-type: none"> • You must get care from a Medicare-certified hospice.
OUTPATIENT CARE		
8-Doctor Office Visits	0% or 20% coinsurance.	General <ul style="list-style-type: none"> • See “Physical Exams,” for more information. In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.* • 0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit.* • 0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*
9-Chiropractic Services	Routine care not covered. 0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered visits.* • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
10-Podiatry Services	Routine care not covered. 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for each Medicare-covered visit.* Medicare-covered podiatry benefits are for medically necessary foot care.
11-Outpatient Mental Health Care	0% or 50% coinsurance for most outpatient mental health services.	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • 0% or 50% of the cost for each Medicare-covered individual or group therapy visit.*
12-Outpatient Substance Abuse Care	0% or 20% coinsurance.	In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered individual or group visits.*
13-Outpatient Services/Surgery	0% or 20% coinsurance for the doctor. 0% or 20% of outpatient facility charges.	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit.* • 0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*
14-Ambulance Services (medically necessary ambulance services)	0% or 20% coinsurance.	In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered ambulance benefits.*

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
<p>15-Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor.</p> <p>0% or 20% of facility charge.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • 0% or 20% of the cost (up to \$50) for Medicare-covered emergency room visits.* <p>Out-of-Network</p> <ul style="list-style-type: none"> • Worldwide coverage. <p>In and Out-of-Network If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p>
<p>16-Urgently Needed Care</p> <p>(This is NOT emergency care, and, in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered urgently needed care visits.*
<p>17-Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered Occupational Therapy visits.* • 0% or 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.*

Benefit	Original Medicare	UPMC for Life Specialty Plan
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18-Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance.	General <ul style="list-style-type: none"> • Authorization rules may apply In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered items.*
19-Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance.	General <ul style="list-style-type: none"> • Authorization rules may apply In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered items.*
20-Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	0% or 20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Diabetes self-monitoring training.* • 0% or 20% of the cost for Nutrition Therapy for Diabetes.* • 0% or 20% of the cost for Diabetes supplies.*
21-Diagnostic Tests, X-Rays, and Lab Services	0% or 20% coinsurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	In-Network <ul style="list-style-type: none"> • 0% of the cost for Medicare-covered lab services. • 0% or 20% of the cost for Medicare-covered diagnostic procedures and tests.* • 0% or 20% of the cost for Medicare-covered x-rays.* • 0% or 20% of the cost for Medicare-covered diagnostic radiology services.* • 0% or 20% of the cost for Medicare-covered therapeutic radiology services.*

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
PREVENTIVE SERVICES		
22-Bone Mass Measurement (for people with Medicare who are at risk)	0% to 20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network <ul style="list-style-type: none"> ● 0% or 20% of the cost for Medicare-covered bone mass measurement.*
23-Colorectal Screening Exam (for people with Medicare age 50 and older)	0% or 20% coinsurance. Covered when you are high risk or when you are age 50 and older.	In-Network <ul style="list-style-type: none"> ● 0% or 20% of the cost for Medicare-covered colorectal screenings.*
24-Immunizations (Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines. 0% or 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network <ul style="list-style-type: none"> ● \$0 copay for Flu and Pneumonia vaccines. ● No referral needed for Flu and Pneumonia vaccines. ● 0% or 20% of the cost for Hepatitis B vaccine.*
25-Mammograms (Annual Screening) (for women with Medicare age 40 and over)	0% or 20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network <ul style="list-style-type: none"> ● 0% or 20% of the cost for Medicare-covered screening mammograms.*
26-Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 0% or 20% coinsurance for pelvic exams.	In-Network <ul style="list-style-type: none"> ● 0% of the cost for Medicare-covered Pap smears.* ● 0% or 20% of the cost for Medicare-covered pelvic exams.*

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
PREVENTIVE SERVICES		
27-Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	0% or 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 0% or 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for Medicare-covered prostate cancer screening.*
OTHER MEDICAL SERVICES		
28-End-Stage Renal Disease	0% or 20% coinsurance for renal dialysis. 0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	In-Network <ul style="list-style-type: none"> • 0% or 20% of the cost for renal dialysis.* • 0% or 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.*

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
<p>29-Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><u>Drugs covered under Medicare</u></p> <p><u>Part B</u></p> <p>General</p> <ul style="list-style-type: none"> • \$0 yearly deductible for Part B-covered drugs.* • 0% or 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).* • 0% or 20% of the cost for Part B-covered chemotherapy drugs.* <p><u>Drugs covered under Medicare</u></p> <p><u>Part D</u></p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.upmchealthplan.com/plan/medicare/pharmacy_index.html on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long-term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
<p>29-Prescription Drugs (Continued)</p>		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UPMC <i>for Life</i> Specialty Plan for certain drugs.</p> <p>The Plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the Plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the Plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand-name drug is added to the plan’s formulary after you enroll.</p> <p>In-Network You pay a \$0 yearly deductible.</p>

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
<p>29-Prescription Drugs (Continued)</p>		<p>Initial Coverage Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.10 copay; or • A \$2.40 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.20 copay; or • A \$6.00 copay. <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350 (both paid by you or certain others on your behalf, and any extra help you got from Medicare), you pay a \$0 copay.</p> <p>You may receive drugs from an in-network pharmacy for the following:</p> <ul style="list-style-type: none"> • one-month (31-day) supply and • a three-month (90-day) supply. <p>You may receive drugs from a mail-order pharmacy for up to a three-month (90-day) supply.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from UPMC <i>for Life</i> Specialty Plan.</p>

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
<p>29-Prescription Drugs (Continued)</p>		<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by UPMC <i>for Life</i> Specialty Plan up to the full cost of the drug minus the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.10 copay; or • A \$2.40 copay. <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.20 copay; or • A \$6.00 copay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs (both paid by you or certain others on your behalf, and any extra help you got from Medicare) reach \$4,350, you will be reimbursed in full for drugs purchased out-of-network.</p>

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
30-Dental Services	Preventive dental services (such as cleanings) not covered.	In-Network <ul style="list-style-type: none"> • \$0 copay for the following preventive dental benefits: <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • up to 1 dental x-ray(s) every six months • 0% or 20% of the cost for Medicare-covered dental benefits.* • Plan offers additional comprehensive dental benefits. • \$250 limit for comprehensive dental services every year.

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
31-Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered diagnostic hearing exams. • \$0 copay for: <ul style="list-style-type: none"> • up to 1 routine hearing test(s) every year • up to 1 fitting-evaluation(s) for a hearing aid(s) every three years. • \$0 copay for up to 1 hearing aid(s) every three years. • \$1,000 limit for hearing aids every three years.
32-Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for diagnosis and treatment for diseases and conditions of the eye. • and up to 1 routine eye exam(s) every two years. • \$0 copay for: <ul style="list-style-type: none"> • one pair(s) of eyeglasses or contact lenses after each cataract surgery • up to one pair(s) of glasses every two years, • up to one pair(s) of contacts every two years • \$350 limit for eyewear every two years.

Benefit	Original Medicare	UPMC <i>for Life</i> Specialty Plan
33-Physical Exams	<p>0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for routine exams. • Limited to 1 exam(s) every year.
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by a doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • This plan covers health/wellness education benefits. • Written health education materials, including Newsletters • Health Club Membership/Fitness Classes • Nursing Hotline
Transportation (Routine)	Not covered.	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network</p> <p>This plan does not cover acupuncture.</p>

Section III. Special Features

UPMC *for Life* Specialty Plan

Where you belong.

The next few pages provide additional information on some of the medical benefits and services described in Section II of this Summary of Benefits. UPMC *for Life* Specialty Plan encourages you to review this information so you can take advantage of the many benefits and services designed to help keep you healthy.

UPMC *for Life* Specialty Plan was designed to meet the needs of our full dual eligible members. Full dual eligible members are entitled to Medicare Part A and enrolled in Medicare Part B and have full Medicaid coverage.

Note: If you remain full dual eligible, you will not have to pay out-of-pocket costs for premiums, deductibles, copayments, and coinsurances. These costs should be covered under your Medicaid benefits. You will be responsible for your prescription drug copayments and your Medicaid copayments, if applicable.

To learn more, call UPMC *for Life* Specialty Plan at 1-(866)-405-8762, seven days a week from 8:00 a.m. to 8:00 p.m.! TTY users call 1-(866)-407-8762. From March 2 through November 14, you may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

Health benefits made easy for Medicare and Medicaid Members!

With UPMC *for Life* Specialty Plan you receive:

- Your choice of health care providers, without referrals, from more than 2,100 doctors and 4,700 specialists.
- Access to 74 community-based hospitals, including all 18 hospitals of the University of Pittsburgh Medical Center (UPMC).
- Emergency and urgently needed care – see page 10 for more information.
- Prescription Drug Coverage – including **zero-dollar generics!**
- Dental benefits – you are covered at 100% for routine oral exams, cleanings, and dental x-rays up to 1 visit every six months. You also are covered at 100% for fillings and tooth extractions, as well as an additional \$250 for comprehensive dental services, (i.e., crowns) every year.
- Vision benefits – You are covered at 100% for routine eye exams up to one visit every two years. You also receive a vision allowance of up to \$350 for 1 pair of eyeglasses or contact lenses every two years.
- Hearing benefits – You are covered at 100% for yearly routine hearing exams and hearing tests. Fittings-evaluations are covered up to 1 visit every three years. You also receive a hearing aid(s) allowance up \$1,000 every three years.
- Medically necessary over-the-counter cough, cold, and allergy medications with a written prescription from your physician for members aged 21 and over.
- Active&Fit[®] Fitness Benefit.
- MyHealth Advice Line, a nursing hotline available 24 hours a day, 7 days a week.

How much do I pay for generic drugs through UPMC *for Life* Specialty Plan?

Zero! With UPMC *for Life* Specialty Plan, you pay **zero** dollars for generic drugs – for either a **one-month** (31-day) or **three-month** (90-day) supply, until your total yearly drug costs reach \$2,700, after which you will only pay \$0 or \$1.10 or \$2.40 for generic drugs. (See page 16 of Section II of this Summary of Benefits for more information on drug copayments.) Consult with your physician to see if you can switch to a generic drug from any brand drug(s) you are currently taking so that you can take advantage of this great benefit. For more information, contact UPMC *for Life* Specialty Plan Customer Service. See page 4 for plan contact information.

How do I fill a prescription through UPMC *for Life* Specialty Plan?

Retail Pharmacy

You can fill your prescription at any retail pharmacy that is in our large national pharmacy network, including larger retail chain pharmacies, such as CVS, Giant Eagle, Rite Aid, Walgreens, and Wal-Mart, as well as smaller local independent pharmacies. You can refer to the UPMC *for Life* Pharmacy Directory for more information or visit our website at www.upmchealthplan.com. You may be eligible to participate in the 90-day retail pharmacy program. Many retail pharmacies in the UPMC *for Life* Specialty Plan network can fill a three-month supply of a maintenance drug. A maintenance drug is taken on a regular basis for a chronic or long-term medical condition. Contact your physician to determine if the medication(s) you are currently taking are considered qualifying maintenance drugs so that they can be filled for three months instead of one month. The pharmacy directory lists retail pharmacies that can fill a three-month prescription. **Your copayment for a three-month prescription filled at a retail pharmacy will be the same amount as what you pay for a one-month supply. You can save two months of copayments.** For more information, contact UPMC *for Life* Specialty Plan Customer Services. See page 4 for plan contact information.

Mail-Order Pharmacy Service

UPMC *for Life* Specialty Plan also offers a mail-order pharmacy service. This service is similar to the retail pharmacy service as explained above; but, instead of going to a participating retail pharmacy, you must complete a mail-order form. Your copayment for a three-month maintenance prescription filled through the mail-order service will be the same amount as what you pay for a one-month supply. To obtain order forms and for more information about filling your prescriptions by mail, contact UPMC *for Life* Specialty Plan Customer Service. See page 4 for plan contact information.

What types of medical services require prior authorization from UPMC *for Life* Specialty Plan?

Except in an emergency, you or your physician must obtain prior authorization from UPMC *for Life* Specialty Plan before you receive any of the below services. Failure to get prior authorization could result in significantly higher costs to you. Please call UPMC *for Life* Specialty Plan at **1-800-606-8648**, seven days a week from 8 a.m. to 8 p.m. TTY users should call **1-866-407-8762**. From March 2 through November 14, you may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day. All telephone representatives are specially trained and all calls are kept confidential.

The following is a list of services that requires a prior authorization from UPMC *for Life* Specialty Plan:

- Inpatient Hospital Care – see page 6 for benefit information.
- Inpatient and Outpatient Mental Health Care – prior authorization is required for certain neuropsychological and psychological testing – see pages 7 and 9 for benefit information.
- Skilled Nursing Facility Care – see page 7 for benefit information.
- Chiropractic Services – prior authorization is required for those aged 12 and under – see page 8 for benefit information.
- Outpatient Surgery and Organ Transplants – prior authorization is required for certain outpatient surgical procedures and all organ transplants – see page 9 for benefit information.
- Durable Medical Equipment – prior authorization is required for certain equipment such as electric wheelchairs – see page 11 for benefit information.
- Prosthetic Devices – prior authorization is required for certain prosthetic devices – see page 11 for benefit information.
- Out-of-network services (exception renal dialysis services, emergency services, out of area urgently needed services).

What is Active&Fit[®]?

Active&Fit[®] is a fitness program that is provided to members at no additional cost — no copayments, no enrollment fees, and no fitness center contracts at participating centers. It includes membership at participating fitness facilities and a website designed specifically for UPMC *for Life* Specialty Plan members.

What is Assist America[®]?

With UPMC *for Life* Specialty Plan you can have peace of mind while traveling away from home.

Assist America[®] provides the following coverage:

- Worldwide emergency medical travel assistance services are accessible 24 hours a day, 365 days a year!
- Assist America is provided at no additional cost to you – there are no copayments, no deductibles, and no annual maximum.
- Assistance with emergency care and hospital admissions is provided when you travel out of the country or 100 miles out of the service area.
- Assist America will help arrange for replacement medication if it is lost, forgotten, or you run out of a prescription while traveling.

You can contact Assist America within the United States by calling 1-800-872-1414; outside the United States call 609-986-1234. Use 1-800-654-5984 for TTY calls.

How can I enroll in UPMC *for Life* Specialty Plan?

Call UPMC *for Life* Specialty Plan at 1-(866)-405-8762, seven days a week 8:00 a.m. to 8:00 p.m. to learn more! TTY users call 1-(866)-407-8762. From March 2 through November 14, you may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

There are two ways you can enroll in UPMC *for Life* Specialty Plan:

- Send your completed and signed enrollment application to: UPMC *for Life* Specialty Plan, PO Box 2967, Pittsburgh, PA 15230. Or you can fax it to 412-454-2973. If you would like an application, or for questions about completing the application, or to set up an appointment for a licensed sales representative to come to your home and assist you in completing the application, please contact UPMC *for Life* Specialty Plan at the number above.
- Full dual eligible beneficiaries may also enroll in UPMC *for Life* Specialty Plan through the Centers for Medicare & Medicaid Services Online Enrollment Center located at www.medicare.gov. For more information, contact UPMC *for Life* Specialty Plan at the number above.

What happens if I lose full Medicaid coverage?

UPMC *for Life* Specialty Plan was designed to meet the needs of our full dual eligible members. Full dual eligible members are entitled to Medicare Part A and enrolled in Medicare Part B and have full Medicaid coverage. If you lose full Medicaid coverage, UPMC *for Life* Specialty Plan will work with you in attempt to regain Medicaid eligibility. If you are not able to regain Medicaid coverage, you will need to disenroll from UPMC *for Life* Specialty Plan within 60 days. If you would like to remain with UPMC Health Plan, we offer other Medicare plans that may suit your health care needs. Contact Customer Service for more details. If you choose not to remain with UPMC Health Plan, you may contact 1-800-MEDICARE (1-800-633-4223), TTY number is 1-877-486-2048 (available 24 hours a day/7 days a week) to review your options.

Call UPMC *for Life* Specialty Plan at 1-(866)-405-8762, seven days a week, 8:00 a.m. to 8:00 p.m., for more information! TTY users call 1-(866)-407-8762. From March 2 through November 14, you may receive a voice messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

UPMC *for Life* *Specialty Plan*

UPMC Health Plan Medicare Program

To find out if UPMC *for Life* Specialty Plan
is right for you, call toll-free **1-866-405-8762**
TTY/TDD users should call **1-866-407-8762**

UPMC HEALTH PLAN
Where you belong.

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