



# 2012 **SUMMARY OF BENEFITS**

*UPMC for You*  
*Advantage* (HMO SNP)  
Affiliate of UPMC Health Plan

Pennsylvania H4279

H4279\_12\_050 CMS Approved 10/05/2011



**Section I: Introduction to the Summary of Benefits  
For UPMC *for You* Advantage (HMO SNP)  
January 1, 2012 - December 31, 2012  
Western Pennsylvania**

Thank you for your interest in UPMC *for You* Advantage (HMO SNP). Our plan is offered by UPMC for You, Inc./UPMC *for You* Advantage, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). 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 You* Advantage (HMO SNP) 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 You* Advantage (HMO SNP) 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 You* Advantage (HMO SNP). 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 You* Advantage (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD 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 You* Advantage (HMO SNP) 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 You* Advantage (HMO SNP) AVAILABLE?**

The service area for this plan includes: Allegheny, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Erie, Fayette, Forest, Greene, Jefferson, Lawrence, 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 You* Advantage (HMO SNP)?**

You can join UPMC *for You* Advantage (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in UPMC *for You* Advantage (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the Pennsylvania Department of Public Welfare's Medical Assistance program to join this plan.

Please call the plan to see if you are eligible to join.

## **CAN I CHOOSE MY DOCTORS?**

UPMC *for You* Advantage (HMO SNP) 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. For an updated list, visit us at: <http://www.upmchealthplan.com/snp>.

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 except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

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

UPMC *for You* Advantage (HMO SNP) 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 <http://www.upmchealthplan.com/medicare/partd.html>.

Our customer service number is listed at the end of this introduction.

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

UPMC *for You* Advantage (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

UPMC *for You* Advantage (HMO SNP) 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/medicare/partd.html>.

If you are currently taking a drug that is not on our formulary or 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 OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/ 7 days a week, and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY/TDD users should call 1-800-325-0778); or
- Your state Medicaid Office.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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 You* Advantage (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of UPMC *for You* Advantage (HMO SNP), 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we 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 You* Advantage (HMO SNP) 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 You* Advantage (HMO SNP) for more details.

- Some Antigens: 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 alfa or Epogen<sup>®</sup>): 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.

## WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on [www.medicare.gov](http://www.medicare.gov) and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call UPMC Health Plan for more information about UPMC *for You* Advantage (HMO SNP).  
Visit us at <http://www.upmchealthplan.com/snp> or call us:

### Customer Service Hours:

**Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,  
8:00 a.m. – 8:00 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](http://www.medicare.gov) on the Web.

This document may be available other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

**SUMMARY OF BENEFITS**  
**UPMC *for You* Advantage (HMO SNP)**

If you have any questions about this plan's benefits or costs, please contact UPMC *for You* Advantage for details.

<b>SECTION II: SUMMARY OF BENEFITS</b>		
<b>Benefit Category</b>	<b>Original Medicare</b>	<b>UPMC <i>for You</i> Advantage (HMO SNP)</b>
<b>IMPORTANT INFORMATION</b>		
<b>1-Premium and Other Important Information</b>	<p>In 2012 the monthly Part B premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b></p> <p>*Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium*</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 annual deductible.*</li> </ul> <p>\$3,400 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
<b>2-Doctor and Hospital Choice</b> (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist, or hospital that accepts Medicare.	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>INPATIENT CARE</b>		
<p><b>3-Inpatient Hospital Care</b> (Includes substance abuse and rehabilitation services)</p>	<p>For each benefit period:</p> <ul style="list-style-type: none"> <li>• <b>Days 1-60:</b> \$0 deductible</li> <li>• <b>Days 61-90:</b> \$0 per day</li> <li>• <b>Days 91-150:</b> \$0 per lifetime reserve day</li> </ul> <p>Call <b>1-800-MEDICARE</b> (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><b>In-Network</b></p> <p>Plan covers 90 days each benefit period.</p> <p>You will not be charged additional cost sharing for professional services.</p> <ul style="list-style-type: none"> <li>• \$0 annual deductible*</li> <li>• \$0 copay*</li> </ul> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>4-Inpatient Mental Health Care</b></p>	<p>For each benefit period:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$0 deductible</li> <li>• Days 61-90: \$0 per day</li> <li>• Days 91-150: \$0 per lifetime reserve day</li> </ul> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services</p>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay*</li> </ul> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <ul style="list-style-type: none"> <li>• \$0 annual deductible*</li> </ul>

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>UPMC <i>for You</i> Advantage (HMO SNP)</b>
<b>4-Inpatient Mental Health Care (continued)</b>	furnished in a general hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
<b>5-Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <ul style="list-style-type: none"> <li>• <b>Days 1-20:</b> \$0 per day</li> <li>• <b>Days 21-100:</b> \$0 per day</li> </ul> <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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 annual deductible*</li> <li>• \$0 copay for SNF services*</li> </ul> <p>You will not be charged additional cost sharing for professional services</p>
<b>6-Home Health Care</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered home health visits.*</li> </ul>
<b>7-Hospice</b>	You must get care from a Medicare-certified hospice.	<p><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>OUTPATIENT CARE</b>		
<b>8-Doctor Office Visits</b>	0% coinsurance.	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for each primary care doctor visit for Medicare-covered benefits.*</li> <li>• \$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.*</li> <li>• \$0 copay for each specialist doctor visit for Medicare-covered benefits.*</li> </ul>
<b>9-Chiropractic Services</b>	<p>Supplemental routine care not covered.</p> <p>0% 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.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered chiropractic visit.*</li> </ul> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<b>10-Podiatry Services</b>	<p>Supplemental routine care not covered.</p> <p>0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered podiatry visit.*</li> </ul> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>11-Outpatient Mental Health Care</b>	0% coinsurance for most outpatient mental health services.  0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a partial hospitalization program. “Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered mental health visits.*</li> <li>• \$0 copay for each Medicare-covered visit with a psychiatrist.*</li> <li>• \$0 copay for Medicare-covered partial hospitalization program services.*</li> </ul>
<b>12-Outpatient Substance Abuse Care</b>	0% coinsurance.	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered visits.*</li> </ul>
<b>13-Outpatient Services/Surgery</b>	0% coinsurance for the doctor’s services.  0% coinsurance for ambulatory surgical center facility services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered ambulatory surgical center visit.*</li> <li>• \$0 copay for each Medicare-covered outpatient hospital facility visit.*</li> </ul>
<b>14-Ambulance Services</b> (medically necessary ambulance services)	0% coinsurance.	<b>In Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered ambulance benefits.*</li> </ul>
<b>15-Emergency Care</b>  (You may go to any emergency room if you reasonably believe you need emergency care.)	0% coinsurance for the doctor’s services.  0% coinsurance for outpatient hospital facility emergency services.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered emergency room visits*</li> </ul> Worldwide coverage.

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>16-Urgently Needed Care</b>  (This is NOT emergency care, and, in most cases, is out of the service area.)	0% coinsurance.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$0 copay for Medicare-covered urgently needed care visits.*
<b>17-Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance.	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered occupational therapy visits.*</li> <li>• \$0 copay for Medicare-covered physical and/or speech and language therapy visits.*</li> </ul>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18-Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	0% coinsurance.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered items.*</li> </ul>
<b>19-Prosthetic Devices</b> (Includes braces, artificial limbs, and eyes, etc.)	0% coinsurance.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered items.*</li> </ul>
<b>20-Diabetes Programs and Supplies</b>	0% coinsurance for diabetes self-management training.  0% coinsurance for diabetes supplies.  0% coinsurance for diabetic therapeutic shoes or inserts	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for diabetes self-management training.*</li> <li>• \$0 copay for:               <ul style="list-style-type: none"> <li>- diabetes monitoring supplies*</li> <li>- therapeutic shoes or inserts*</li> </ul> </li> </ul>

Benefit Category	Original Medicare	UPMC <i>for You Advantage</i> (HMO SNP)
<p><b>21-Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b></p>	<p>0% coinsurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab services.</p> <p><b>Lab Services:</b> 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 supplemental routine screening tests, like checking your cholesterol.</p>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered: <ul style="list-style-type: none"> <li>- lab services.*</li> <li>- diagnostic procedures and tests.*</li> <li>- x-rays.*</li> <li>- diagnostic radiology services (not including x-rays).*</li> <li>- therapeutic radiology services.*</li> </ul> </li> </ul>
<p><b>22-Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>0% coinsurance for cardiac rehabilitation services 0% coinsurance for pulmonary rehabilitation services 0% coinsurance for intensive cardiac rehabilitation services This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>- Medicare-covered cardiac rehabilitation services*</li> <li>- Medicare-covered intensive cardiac rehabilitation services*</li> <li>- Medicare-covered pulmonary rehabilitation services*</li> </ul> </li> </ul>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>PREVENTIVE SERVICES</b>		
<b>23-Preventive Services and Wellness/Education Programs</b>	<p>No coinsurance, copayment, or deductible for the following:</p> <ul style="list-style-type: none"> <li>- Abdominal aortic aneurysm screening</li> <li>- Bone mass measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions</li> <li>- Cardiovascular screening</li> <li>- Cervical and vaginal cancer screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>- Colorectal cancer screening</li> <li>- Diabetes screening</li> <li>- Influenza vaccine</li> <li>- Hepatitis B vaccine for people with Medicare who are at risk</li> <li>- HIV screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>- Breast cancer screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>- Medical nutrition therapy services. Nutrition therapy is for people who have diabetes</li> </ul>	<p><b>In-Network</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>- Abdominal aortic aneurysm screening</li> <li>- Bone mass measurement</li> <li>- Cardiovascular screening</li> <li>- Cervical and vaginal cancer screening (Pap test and pelvic exam)</li> <li>- Colorectal cancer screening</li> <li>- Diabetes screening</li> <li>- Influenza vaccine</li> <li>- Hepatitis B vaccine</li> <li>- HIV screening</li> <li>- Breast cancer screening (mammogram)</li> <li>- Medical nutrition therapy services</li> <li>- Personalized prevention plan services (Annual Wellness visits)</li> <li>- Pneumococcal vaccine</li> <li>- Prostate cancer screening (Prostate Specific Antigen (PSA) test only)</li> <li>- Smoking cessation (counseling to stop smoking)</li> <li>- Welcome to Medicare Physical Exam (initial preventive physical exam)</li> </ul> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<p><b>23-Preventive Services and Wellness/Education Programs (continued)</b></p>	<p>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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> <ul style="list-style-type: none"> <li>- Personalized prevention plan services (Annual wellness visit)</li> <li>- Pneumococcal vaccine. You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>- Prostate cancer screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>- Smoking cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>- Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	<p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>- Nursing hotline</li> </ul>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>24-Kidney Disease and Conditions</b>	0% coinsurance for renal dialysis  0% coinsurance for kidney disease education services	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for renal dialysis*</li> <li>• \$0 copay for kidney disease education services*</li> </ul>
<b>25-Outpatient Prescription Drugs</b>	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.	<b>Drugs Covered under Medicare Part B</b>  <b>General</b> <ul style="list-style-type: none"> <li>• \$0 annual deductible for Part B-covered drugs.*</li> <li>• \$0 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</li> </ul> <b>Drugs Covered under Medicare Part D</b>  <b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.upmchealthplan.com/plan/medicare/partd.html">www.upmchealthplan.com/plan/medicare/partd.html</a> on the Web.  Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers</li> </ul> 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).

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<p><b>25-Outpatient Prescription Drugs (continued)</b></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> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UPMC <i>for You</i> Advantage (HMO SNP) for certain drugs.</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 that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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>If you request a formulary exception for a drug and UPMC <i>for You</i> Advantage (HMO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.</p> <p><b>In-Network</b> You pay a \$0 annual deductible.</p>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>25-Outpatient Prescription Drugs (continued)</b>		<p><b>Initial Coverage</b>  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"> <li>• A \$0 copay or</li> <li>• A \$1.10 copay or</li> <li>• A \$2.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$3.30 copay or</li> <li>• A \$6.50 copay.</li> </ul> <p><b>Catastrophic Coverage</b>  You pay a \$0 copay.</p> <p><b>Out-of-Network</b>  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 You</i> Advantage (HMO SNP).</p> <p><b>Out-of-Network Initial Coverage</b>  Depending on your income and institutional status, you will be reimbursed by UPMC <i>for You</i> Advantage (HMO SNP) up to the full cost of the drug minus the following:</p>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>25-Outpatient Prescription Drugs (continued)</b>		<ul style="list-style-type: none"> <li>• \$0 copay for generic drugs (including brand drugs treated as generic).</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$3.30 copay; or</li> <li>• A \$6.50 copay.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b> You will be reimbursed in full for drugs purchased out-of-network.</p>
<b>26-Dental Services</b>	Preventive dental services (such as cleanings) not covered.	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered dental benefits*</li> <li>• \$0 copay for the following preventive dental benefits:               <ul style="list-style-type: none"> <li>• up to 1 oral exam every six months</li> <li>• up to 1 cleaning every six months</li> <li>• up to 1 dental x-ray every six months</li> </ul> </li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>
<b>27-Hearing Services</b>	Routine hearing exams and hearing aids not covered.  0% coinsurance for diagnostic hearing exams.	<p><b>In-Network</b></p> <p>In general, supplemental routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered diagnostic hearing exams.*</li> </ul>

Benefit Category	Original Medicare	UPMC <i>for You</i> Advantage (HMO SNP)
<b>28-Vision Services</b>	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental 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><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for diagnosis and treatment for diseases and conditions of the eye.*</li> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>- One pair of eyeglasses or contact lenses after cataract surgery.*</li> <li>- 0% of the cost for up to 1 supplemental routine eye exam every two years.</li> <li>- 0% of the cost for up to 1 pair of glasses every two years.</li> <li>- 0% of the cost for up to 1 pair of contacts every two years.</li> <li>- \$200 plan coverage limit for eye wear every two years.</li> </ul> </li> </ul>
<b>29-Over-the-Counter items</b>	Not covered.	<p>General</p> <p>The plan does not cover over-the-counter items.</p>
<b>30-Transportation (Routine)</b>	Not covered.	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>
<b>31-Acupuncture</b>	Not covered.	<p>In-Network</p> <p>This plan does not cover acupuncture.</p>

## Section III: Special Features

### UPMC *for You* Advantage (HMO SNP)

UPMC *for You* Advantage (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Pennsylvania Department of Public Welfare's Medicaid program. 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 You* Advantage 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 You* Advantage was designed to meet the needs of our full dual eligible members. Full dual eligible members are entitled to Medicare Part A, are 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 for medical services. 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 You* Advantage at 1-866-405-8762\*, 8:00 a.m. to 8:00 p.m., seven days a week from ! TTY users call 1-866-407-8762. \*From February 15 through October 14, we are available from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on Saturday.

#### **Health benefits made easy for Medicare and Medicaid Members!**

With UPMC *for You* Advantage you receive:

- No referral needed to see any of any network doctors of your choice. You can choose from more than 2,200 doctors and 5,200 specialists.
- Access to 74 community-based hospitals, including all 20 hospitals of the University of Pittsburgh Medical Center (UPMC).
- Preventive care – You are covered at 100% for services listed on pages 13 and 14.
- Emergency and urgently needed care – See pages 10 and 11 for more information.
- Prescription Drug Coverage - See pages 15 to 18 for more information.
- Dental benefits – You are covered at 100% for routine oral exams, cleanings, and dental x-rays up to 1 visit every six months. In addition, you are covered for fillings and simple tooth extractions.
- 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 \$200 for 1 pair of eyeglasses or contact lenses every two years.
- MyHealth Advice Line, a nursing hotline available 24 hours a day, 7 days a week.

## What is a grace period?

A grace period will be provided to UPMC *for You* Advantage members who lose their Medical Assistance coverage. As a UPMC *for You* Advantage member, you will be provided with a three-month grace period, when you lose your Medical Assistance coverage. During this time, you are encouraged to contact your County Assistance Office to regain full Medical Assistance. You will remain enrolled in our plan during this grace period, while you reapply for your Medical Assistance.

During the grace period, you will not be responsible for copayments or coinsurance for covered services, except for Part D prescription drug copayments. You will remain responsible for the Part B premium at all times, unless this amount is paid on your behalf. While in the grace period, if you receive a balance bill from a provider, please contact Customer Service. See page 5 for plan contact information. UPMC *for You* Advantage members are not responsible for balance bills.

Members who fail to regain full Medical Assistance coverage will be disenrolled after the three-month grace period ends. Once you are disenrolled, you will return to Original Medicare unless you enroll in another Medicare Advantage plan.

If you receive notice that your Medical Assistance coverage has expired, please contact your County Assistance Office as soon as possible to reapply for assistance. Your County Assistance Office phone number is listed in Chapter 2 of your Evidence of Coverage.

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## How much do I pay for generic drugs through UPMC *for You* Advantage?

With UPMC *for You* Advantage, you pay \$0, \$1.10, or \$2.60 for generic drugs until you reach \$320, paid by you or others on your behalf. Once you reach \$320 in total drug costs, paid by you and others on your behalf, you are eligible for zero dollar generics for either a **one-month** (31-day) or **three-month** (90-day) supply, until your total yearly drug costs reach \$2,930. After you reach \$2,930, you will only pay \$0 or \$1.10 or \$2.60 for generic drugs depending on your income and institutional status. (See page 17 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 You* Advantage Customer Service. See page 5 for plan contact information.

## How do I fill a prescription through UPMC *for You* Advantage?

### 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, and Wal-Mart, as well as smaller local independent pharmacies. You can refer to the UPMC *for You* Advantage Pharmacy Directory for more information or visit our website at [www.upmchealthplan.com/snp](http://www.upmchealthplan.com/snp). You may be eligible to participate in the 90-day retail pharmacy program. Many retail pharmacies in the UPMC *for You* Advantage 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. **Depending on your income level, 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 You* Advantage Customer Service. See page 5 for plan contact information.

### **Mail-Order Pharmacy Service**

UPMC *for You* Advantage 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 You* Advantage Customer Service. See page 5 for plan contact information.

### **What types of medical services require prior authorization from UPMC *for You* Advantage?**

Except in an emergency, you or your physician must obtain prior authorization from UPMC *for You* Advantage before you receive any of the services listed below. Failure to get prior authorization could result in significantly higher costs to you. Please call UPMC *for You* Advantage at **1-800-606-8648**, 8 a.m. to 8 p.m., seven days a week. TTY users should call **1-866-407-8762**. From February 15, through October 14, we are available from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on Saturday. All telephone representatives are specially trained and all calls are kept confidential.

The following is a list of services that require a prior authorization from UPMC *for You* Advantage including, but not limited to:

- Inpatient Hospital Care – see page 7 for benefit information.
- Inpatient, Partial Hospitalization, and Outpatient Mental Health Care – prior authorization is required for certain neuropsychological and psychological testing – see pages 7 and 10 for benefit information.
- Skilled Nursing Facility Care – see page 8 for benefit information.
- Chiropractic Services – prior authorization is required for those under the age of 13 – see page 9 for benefit information.
- Outpatient Surgery and Organ Transplants – prior authorization is required for certain outpatient surgical procedures and all organ transplants – see page 10 for outpatient surgery 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 out-of-area renal dialysis services, emergency services, out of area urgently needed services).
- Part B drugs – prior authorization is required for certain Part B drugs.

## **What is Assist America®?**

With UPMC for You Advantage, 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 You* Advantage?**

**Call UPMC *for You* Advantage at 1-866-405-8762, 8:00 a.m. to 8:00 p.m., seven days a week to learn more! TTY users should call 1-866-407-8762.** From February 15, through October 14, we are available from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on Saturday. Please leave a message and your call will be returned the next business day.

There are several ways you can enroll in UPMC *for You* Advantage:

- Send your completed and signed enrollment application to UPMC *for You* Advantage, PO Box 2967, Pittsburgh, PA 15230, or you can fax it to 412-454-2973. If you have already received and reviewed UPMC *for You* Advantage enrollment materials and would like to enroll over the telephone instead of completing and returning the paper application, please contact UPMC *for You* Advantage at the number above. 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 You* Advantage at the number above.
- Full dual eligible beneficiaries may also enroll in UPMC *for You* Advantage through the Centers for Medicare & Medicaid Services Online Enrollment Center located at [www.medicare.gov](http://www.medicare.gov). For more information, contact UPMC *for You* Advantage at the number above.

UPMC *for You* Advantage has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2014. NCQA's approval is based on a review of UPMC *for You* Advantage's Model of Care and is an indicator of compliance with CMS requirements. NCQA's approval is not an endorsement by CMS and/or NCQA of UPMC *for You* Advantage or the quality of service provided by UPMC *for You* Advantage. UPMC *for You* Advantage will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at 1-800-606-8648.\*

## Section IV: Medicaid Benefits

### UPMC *for You* Advantage (HMO SNP)

Section IV outlines the Medicaid benefit package for full benefit dual-eligible recipients in the Commonwealth of Pennsylvania. The services offered in your Medicaid benefit package are based on your Medicaid eligibility level (Categorically Needy or Medically Needy).

In addition to the Medicare Benefits described in this booklet, you may have Medicaid benefits that will cover some or all of your cost-sharing, plus some services, drugs and other items not covered by UPMC *for You* Advantage. Medicare coverage must be used first, and the Medicaid Program may then cover payment of Medicare Part A and B deductibles (when applicable) and cost-sharing for all Medicare-covered services.

The following is a listing of services that may be available in your benefit package through your Medicaid provider:

<u>Benefit Category</u>	<u>Medicaid (Medical Assistance)</u>	<u>UPMC <i>for You</i> Advantage (HMO SNP)</u>
<b>Doctors or Medical Personnel</b>		
Certified Registered Nurse Practitioner*	\$0 - \$6 copay, refer to Pennsylvania Department of Public Welfare (DPW) guidelines below under #6.	Not a covered benefit, please refer to the Medicaid column
Chiropractor*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #9
Nurse Midwife*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	Not a covered benefit, please refer to the Medicaid column
Optometrist (Eye Doctor)*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #28
Physician (Medical Doctor)*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #8
Podiatrist*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #10
Dentist	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #26

<b><u>Benefit Category</u></b>	<b><u>Medicaid</u></b>	<b><u>UPMC for You Advantage (HMO SNP)</u></b>
<b><u>Inpatient Services</u></b>		
Acute Care Hospital	\$3 - \$6 copay, refer to DPW guidelines below under #1.	See Section #2 of the Summary of Benefits – Benefit Category #3
Drug and Alcohol Facility	\$3 - \$6 copay, refer to DPW guidelines below under #1.	See Section #2 of the Summary of Benefits – Benefit Category #12
Private Intermediate Care Facility for the Mentally Retarded	\$3 - \$6 copay, refer to DPW guidelines below under #1.	Not a covered benefit, please refer to the Medicaid column
Private Intermediate Care Facility for Other Related Conditions	\$3 - \$6 copay, refer to DPW guidelines below under #1.	Not a covered benefit, please refer to the Medicaid column
Psychiatric Facility (Does not include Psychiatric Partial Hospitalization, see Psychiatric Partial Hospitalization Facility for further details).	\$3 - \$6 copay, refer to DPW guidelines below under #1. Limited up to 30 days per fiscal year (i.e. 7/1 through 6/30). If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare.	See Section #2 of the Summary of Benefits – Benefit Category #11
Rehabilitation Hospital Facility	\$3 - \$6 copay, refer to DPW guidelines below under #1.  One admission per fiscal year. If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare.	See Section #2 of the Summary of Benefits – Benefit Category #17
<b><u>Other Settings</u></b>		
Birthing Centers	\$0 - \$6 copay, refer to DPW guidelines below under #6. (Pregnant women have a \$0 copay until post-partum period has ended).	Not a covered benefit, please refer to the Medicaid column

<b><u>Benefit Category</u></b>	<b><u>Medicaid</u></b>	<b><u>UPMC for You Advantage (HMO SNP)</u></b>
Nursing Facilities	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #5
<b><u>Outpatient Services</u></b>		
ASC and SPU (Same Day Surgery)	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #13
Federally Qualified Health Center*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #13
Hospital Clinic* and Emergency Room Services	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #15
Drug and Alcohol Clinic Services	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #12
Independent Medical/Surgical Clinic*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #13
Renal Dialysis Center	\$0 copay	See Section #2 of the Summary of Benefits – Benefit Category #24
Rural Health Clinic*	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #8
Psychiatric Clinic	\$0 - \$6 copay, refer to DPW guidelines below under #5 or #6.  Limited up to 5 hours or 10 one-half-hour sessions of psychotherapy per recipient in a 30-consecutive-day period. If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare.	See Section #2 of the Summary of Benefits – Benefit Category #11

<b><u>Benefit Category</u></b>	<b><u>Medicaid</u></b>	<b><u>UPMC for You Advantage (HMO SNP)</u></b>
Psychiatric Partial Hospitalization Facility	\$0 copay  Limited up to 180 three-hour sessions, 540 total hours per fiscal year. If you need additional services beyond the limit, you or your provider may apply for an exception through the Department of Public Welfare.	See Section #2 of the Summary of Benefits – Benefit Category #11
<b><u>Other Services</u></b>		
Ambulance	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #14
Family Planning Services	\$0 copay	Not a covered benefit, please refer to the Medicaid column
Home Health (Visiting Nurse)	\$0 copay	See Section #2 of the Summary of Benefits – Benefit Category #6
Hospice	\$0 - \$6 copay, refer to DPW guidelines below under #6.	See Section #2 of the Summary of Benefits – Benefit Category #7
Medical Supplies and Equipment	\$0 - \$6 copay, refer to DPW guidelines below under #6.  For Medically Needy recipients, medical supplies and equipment are only covered when prescribed for the purpose of family planning or in conjunction with Home Health Agency Services.	See Section #2 of the Summary of Benefits – Benefit Category #18
Laboratory	\$0 copay, refer to DPW guidelines below under #4 or #6.	See Section #2 of the Summary of Benefits – Benefit Category #21

<b><u>Benefit Category</u></b>	<b><u>Medicaid</u></b>	<b><u>UPMC for You Advantage (HMO SNP)</u></b>
Portable X-Ray	\$0 - \$6 copay, refer to DPW guidelines below under #4 or #6.	See Section #2 of the Summary of Benefits – Benefit Category #21
Transportation Services	\$0 copay	Not a covered benefit, please refer to the Medicaid column
Pharmacy	<p>\$1 - \$3 copay, refer to DPW guidelines below under #2 and #3.</p> <p>For Medically Needy recipients in long-term care limited to legend barbiturates, benzodiazepines, and certain over-the-counter drugs and vitamins. A legend drug is any drug that requires a prescription.</p> <p>For Categorically Needy recipients limited to legend barbiturates, benzodiazepines, and certain over-the-counter drugs and vitamins.</p>	Legend barbiturates, benzodiazepines, and certain over-the-counter drugs and vitamins are not a covered benefit, please refer to the Medicaid column. For additional pharmacy benefits, see Section #2 of the Summary of Benefits – Benefit Category #25.
Psychiatric Rehabilitation	\$0 - \$6 copay, refer to DPW guidelines below under #6.	Not a covered benefit, please refer to the Medicaid column
Peer Specialist Services	\$0 - \$6 copay, refer to DPW guidelines below under #6.	Not a covered benefit, please refer to the Medicaid column
<b><u>Long Term Care Services</u></b>		
Nursing Home**	\$0 - \$6 copay, refer to DPW guidelines below under #6.	Not a covered benefit, please refer to the Medicaid column

<b><u>Benefit Category</u></b>	<b><u>Medicaid</u></b>	<b><u>UPMC for You Advantage (HMO SNP)</u></b>
Home Community Based Waiver Services <b>**Services Include:</b> -Adult Day Living -Care Coordination Counseling -Community Transition -Environmental Modifications -Home Delivered Meals -Home Health Care -Personal Care -Personal Emergency Response -Respite -Specialized Medical Equipment and Supplies -TeleCare -Transportation -Financial Management Services -Participant-Directed Goods and Service	\$0 Copay	Not a covered benefit, please refer to the Medicaid column

Pennsylvania Department of Public Welfare Copayment Guidelines

- 1) \$3 - \$6 for each day you are in a hospital, up to \$42 for one hospital stay. This includes general hospitals, rehabilitation hospitals and private psychiatric hospitals.
- 2) \$1 for each prescription and prescription refill of a generic drug
- 3) \$3 for each prescription and prescription refill of a brand name drug
- 4) \$1 - \$2 for each x-ray or other medical diagnostic test or for treatment by nuclear medicine or radiation therapy.
- 5) For outpatient psychotherapy services, the copayment is \$.50 per unit of service
- 6) For all other services where copayments are required, the amount of the copayment is based on the Medicaid fee for the service, as shown in the following table:
  - o If the Medicaid fee is \$2 through \$10, the copayment is \$0.50 - \$1.
  - o If the Medicaid Assistance fee is \$10.01 through \$25, the copayment is \$1 - \$2.
  - o If the Medicaid Assistance fee is \$25.01 through \$50, the copayment is \$2 - \$4.
  - o If the Medicaid Assistance fee is \$50.01 or more, the copayment is \$3 - \$6.

\*Certain evaluation, management, and consultation procedures are limited to a combined maximum of 18 clinic, office, and home visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, certified registered nurse practitioners (CRNP), chiropractors, outpatient hospital clinics, independent medical clinics, rural health clinics, and federally qualified health centers (FQHC). Talk with your provider if you have any questions about these procedures. If you need more than 18 visits, you or your provider may ask for an exception through the Department of Public Welfare.

\*\* In order to receive Nursing Home or Home and Community-Based Waiver Services, individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE) by the local Area Agency on Aging.

**Note:** Benefits and co-payments for Medicaid recipients in the state of Pennsylvania are established by the Department of Public Welfare. These benefits and copayments may change. If you have questions about your Medicaid benefits, please contact your local County Assistance Office. If you need additional help, you can call the HELPLINE at 1-800-692-7462 between 8:30 a.m. and 4:45 p.m., Monday through Friday. If you have a hearing impairment, call TTY/TDD at 1-800-451-5886.

If you have additional questions please call UPMC *for You* Advantage at 1-800-606-8648, 8:00 a.m. to 8:00 p.m., available seven days a week.\* TTY users call 1-866-407-8762. \*From February 15 through October 14, we are available from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on Saturday.







# UPMC *for You* *Advantage* (HMO SNP)

Affiliate of UPMC Health Plan

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

## UPMC HEALTH PLAN

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