

**Where children belong.**



## Summary of Benefits

**UPMC *for Kids***<sup>™</sup>

A Product of UPMC Health Plan

[www.upmchealthplan.com/upmcforkids](http://www.upmchealthplan.com/upmcforkids)

## UPMC for Kids Summary of Benefits

UPMC for Kids™ is available through a contract with the Children's Health Insurance Program (CHIP) of Pennsylvania. This is a state and federally funded program to provide health insurance for uninsured children and teens until they become age 19.

Based on income, members are enrolled in either *free* CHIP, *low-cost* CHIP, or *full-cost* CHIP. The benefits are the same for the *free*, *low-cost*, and *full-cost* CHIP groups; only the copayments differ. There are no copayments for *free* CHIP. There are copayments for *low-cost* and *full-cost* CHIP. The copayments vary for these two groups. Members are assigned to the appropriate groups based on income as determined by the Pennsylvania Insurance Department (PID).

Benefits are based on a plan year which begins on August 1. All services must be provided by a UPMC for Kids participating provider, except for emergency care. Some services must be prior authorized by UPMC for Kids.

The benefits are described below:

### A. Hospital Services

#### **Medical, surgical, mental health, skilled nursing, and rehabilitation admissions — \$0 copayment**

- ▶ Limited to a maximum of 90 days per plan year.
- ▶ Any of the above types of admissions count toward this limit.
- ▶ Pre-admission testing is covered as part of the admission.
- ▶ Transplants are covered, except those that are considered experimental.
- ▶ Physician services for surgery, surgical assistant, and anesthesia services are covered.
- ▶ Administration of blood or blood products while in the hospital is covered.

A semi-private room is covered. A private room is covered if it is medically necessary and appropriate.

If a member utilizes his or her entire outpatient mental health visits within a plan year, he or she may exchange up to a total of 10 unused inpatient days, in the same year, for mental health partial hospitalization visits, intensive outpatient (IOP) visits, or outpatient visits. The exchange may be in any combination listed below but cannot exceed a total of 10 unused inpatient days:

- ▶ Inpatient days may be exchanged on a 1:2 basis for up to 20 partial hospitalization visits (1 inpatient day is equal to 2 partial hospitalization visits).
- ▶ Inpatient days may be exchanged on a 1:2 basis for up to 20 IOP visits (1 inpatient day is equal to 2 IOP visits).
- ▶ Inpatient days may be exchanged on a 1:2 basis for up to 20 outpatient visits (1 inpatient day is equal to 2 outpatient visits).

Unused outpatient mental health visits may not be exchanged for inpatient days.

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#### **Inpatient substance abuse detoxification admission — \$0 copayment**

- ▶ Limited to 7 days maximum per admission.

#### **Substance abuse inpatient rehabilitation and non-hospital residential services — \$0 copayment**

- ▶ Limited to 90 days of residential care maximum per plan year.

## B. Emergency Room Visits

Coverage for emergency room visits is determined under the prudent layperson standard, which is defined as:

A sudden onset of a medical condition with symptoms that are of such severity, or pain that is severe enough, that someone who has an average knowledge of health and medicine could reasonably expect that not receiving immediate medical attention could result in:

- ▶ Placing the health of the member in serious jeopardy (in respect to a pregnant woman, the health of the woman or her unborn child)
- ▶ Serious impairment of bodily functions
- ▶ Serious dysfunction of any bodily organ or part

**Copayments for emergency room visits are listed below:**

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
No copayment	\$25 (waived if admitted)	\$50 (waived if admitted)

### **Ambulance service — \$0 copayment**

Ambulance service is covered when using a specially equipped vehicle used only for transporting the sick and injured. Ambulance services are covered when provided to transport a member to the nearest hospital able to treat the condition, between hospitals, and between hospitals and skilled nursing facilities.

## C. Urgent Care Visits

Urgent care centers provide access to medical treatment when a UPMC *for Kids* member is sick or injured during hours when a Primary Care Provider (PCP) is not available. Physicians and nurse practitioners at urgent care centers evaluate and treat urgent medical conditions. An urgent medical condition is any illness, injury, or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and, if left untreated, could rapidly become a crisis or emergency medical condition.

No appointment or referral is needed to visit a participating UPMC *for Kids* facility.

**The copayments for urgent care visits are listed below:**

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
No copayment	\$10 copayment	\$25 copayment

## D. Out-of-Area Urgent Care

Coverage is provided if a UPMC *for Kids* member is traveling outside our service area and has an urgent medical condition that requires medical attention before returning to the area. An urgent medical condition is any illness, injury, or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and, if left untreated, could rapidly become a crisis or emergency medical condition. Additionally, it includes situations in which a person's discharge from a hospital would be delayed until services are approved, or in which a person's ability to avoid hospitalization depends upon prompt approval of services.

UPMC *for Kids* does not cover routine care outside our service area.

**The copayments for out-of-area urgent care visits are listed below:**

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
No copayment	\$10 copayment	\$25 copayment

## E. Doctor Visits

Outpatient physical health visits are limited to 50 visits per plan year. Visits to specialists, sick visits to the PCP or specialist, and outpatient surgery are included in the 50-visit limit.

### Primary Care Provider

Preventive and sick care, including:

- ▶ Routine physical exams
- ▶ Well-child checkups
- ▶ Sick visits (count toward 50-visit limit)
- ▶ Covered diagnostic tests performed in the office
- ▶ Immunizations
- ▶ Hospital visits\*

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
\$0 copayment for preventive services, which include well-child care, lab tests, and immunizations	\$0 copayment for preventive services, which include well-child care, lab tests, and immunizations	\$15 copayment for preventive services, which include well-child care, lab tests, and immunizations
\$0 copayment for sick visits	\$5 copayment for sick visits	\$15 copayment for sick visits

### Specialist

- ▶ Office visits (count toward 50-visit limit)
- ▶ Covered diagnostic tests performed in the office
- ▶ Outpatient surgery (counts toward 50-visit limit)
- ▶ Hospital visits\*
- ▶ Surgery in the hospital

A referral from the PCP is not needed to see a participating specialist. The PCP should know that the member is going to the specialist so the PCP can coordinate the care.

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
\$0 copayment for specialist visits	\$10 copayment for specialist visits	\$25 copayment for specialist visits

### Obstetrician/Gynecologist

- ▶ Annual gynecological exam
- ▶ Breast exam
- ▶ Maternity care for pregnancy — prenatal and postpartum visits
- ▶ Other office visits (count toward 50-visit limit)
- ▶ Pap test
- ▶ Family planning and counseling services
- ▶ Covered diagnostic tests performed in the office
- ▶ Outpatient surgery (counts toward 50-visit limit)
- ▶ Hospital visits\*

A referral from the PCP is not needed to see a participating obstetrician-gynecologist. The PCP should know that the member is going to the ob-gyn so the PCP can coordinate the care.

Copayments will be based on the provider being noted as either a primary care provider or a specialist. If noted as a primary care provider, the lower PCP copayment will apply. If noted as a specialist, the higher specialist copayment will apply.

\* Copayments apply to office visits, not visits in the hospital.

## E. Doctor Visits (continued)

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
\$0 copayment for routine gynecological visits	\$0 copayment for routine gynecological visits	\$15 copayment for routine gynecological visits
\$0 copayment for other gynecological visits	\$5 or \$10 copayment for other gynecological visits	\$15 or \$25 copayment for other gynecological visits
\$0 copayment for maternity visits	\$0 copayment for maternity visits	\$0 copayment for maternity visits

### Allergy services — \$0 copayment

- ▶ Allergy serum
- ▶ If given in conjunction with an office visit, the following services count toward the 50-visit limit:
  - Diagnostic testing for allergies
  - Allergy injections

### Hearing exams and aids — \$0 copayment

- ▶ Covered every two years:
  - Hearing exam (counts toward the 50-visit limit with the exception of exams provided in conjunction with a preventive/well-child office visit)
  - Hearing aids and fittings (one per ear every two years)

## F. Outpatient Behavioral Health Services

### Outpatient mental health visits:

- ▶ Limited to 50 visits per plan year.
  - Outpatient mental health sessions count as 1 visit. Medication checks and group therapy count as ½ visit.
  - Intensive outpatient (IOP) sessions count as 1 visit.
  - Partial hospitalization sessions count as 1 visit.

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit

### Outpatient substance abuse rehabilitation services:

- ▶ Limited to 90 full sessions or equivalent partial outpatient substance abuse visits per plan year.

Depending on the needs of the child, these benefits can be exchanged to allow other levels of treatment. These exchanges are described below.

- ▶ 30 outpatient substance abuse visits per plan year are NOT available for exchange.
- ▶ 60 outpatient substance abuse visits per plan year may be exchanged for partial hospitalization or IOP visits or for non-hospital rehabilitation inpatient days. Examples of possible exchanges are described below, and in no event shall more than 60 outpatient substance abuse visits per plan year be available for exchange.
  - 60 outpatient substance abuse visits on a 1:1 basis for up to 60 IOP visits.
  - 60 outpatient substance abuse visits on a 1:1 basis for up to 60 partial hospitalization visits.
  - After all 90 substance abuse inpatient rehabilitation/non-hospital residential services have been exhausted, 60 outpatient substance abuse visits may be exchanged on a 2:1 basis for up to 30 non-hospital rehabilitation days (2 outpatient visits are equal to 1 non-hospital rehabilitation inpatient day).

<b>Free CHIP</b>	<b>Low-cost CHIP</b>	<b>Full-cost CHIP</b>
\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit

## G. Autism Spectrum Disorders

UPMC *for Kids* covers all eligible members for the diagnostic assessment and treatment of Autism Spectrum Disorders. The following services, when Medically Necessary for the assessment/treatment of Autism Spectrum Disorders, are covered:

- ▶ Prescription drug coverage;
- ▶ Services of a psychiatrist and/or psychologist; and
- ▶ Rehabilitative care and therapeutic care.

Coverage for autism spectrum disorders is limited to a maximum benefit of \$36,000 per member per plan year. Coverage under this section shall be subject to copayment and any other general exclusions or limitations listed in your UPMC *for Kids* Exclusions booklet.

### Treatment of autism spectrum disorders must be:

- ▶ Identified in a treatment plan.
- ▶ Prescribed, ordered, or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker, or certified registered nurse practitioner.
- ▶ Provided by an autism service provider or a person, entity, or group that works under the direction of an autism service provider.

### The following definitions apply to this benefit:

- ▶ **Autism Service Provider** – Means any of the following: 1.) a person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is licensed or certified in the Commonwealth of Pennsylvania; and 2.) any person, entity or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is enrolled in the Commonwealth of Pennsylvania’s Medical Assistance program on or before July 1, 2009.
- ▶ **Autism Spectrum Disorders** – Any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor, including autistic disorder, Asperger’s disorder, and pervasive developmental disorder not otherwise specified.
- ▶ **Treatment Plan** – A plan for the treatment of autism spectrum disorders developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or re-evaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Upon denial or partial denial by an insurer of a claim for diagnostic assessment of autism spectrum disorders or a claim for treatment of autism spectrum disorders, a UPMC *for Kids* member or an authorized representative shall be entitled to an expedited internal review process followed by an expedited independent external review process established and administered by the Insurance Department. You or an authorized representative may appeal to a court of competent jurisdiction for an order of an expedited independent external review disapproving a denial or partial denial. Pending a ruling of such court, we shall pay for those services, if any, that have been authorized or ordered until the ruling is made.

## H. Outpatient Services

### Diabetic education — \$0 copayment

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### Imaging studies — \$0 copayment

- ▶ X-rays and sonograms
  - ▶ Advanced imaging services, such as MRIs, CT scans, and PET scans
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### Laboratory tests — \$0 copayment

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## H. Outpatient Services (continued)

### Maternity education — \$0 copayment

- ▶ Lamaze classes, initial and refresher
- ▶ Parenting classes
- ▶ Breastfeeding classes
- ▶ Doula — non-medical childbirth support (available with participating providers)

### Medical nutritional therapy — \$0 copayment

- ▶ Provided by a dietitian or facility-based program, when ordered by a physician for certain diagnoses to treat chronic illnesses or conditions

### Medical therapy services — \$0 copayment

- ▶ Chemotherapy
- ▶ Radiation therapy
- ▶ Dialysis
- ▶ Respiratory therapy
- ▶ Infusion therapy

### Nutritional counseling — \$0 copayment

- ▶ Provided by a dietitian or facility-based program, when ordered by a physician for any diagnosis

### Occupational, physical, and speech therapy

- ▶ Limited to 60 visits per therapy type per plan year

<i>Free CHIP</i>	<i>Low-cost CHIP</i>	<i>Full-cost CHIP</i>
\$0 copayment per visit	\$10 copayment per visit	\$25 copayment per visit

### Pain management — \$0 copayment

### Outpatient surgery — \$0 copayment

- ▶ Some procedures may require prior authorization.

### Tobacco cessation counseling — \$0 copayment

- ▶ Limited to 50 visits per plan year
- ▶ PCPs may also provide this service

## I. Home Care Services

### Home health — \$0 copayment

- ▶ Limited to 60 days per plan year
- ▶ Includes home nursing visits
- ▶ Private duty nursing
  - Limited to a maximum of 16 hours per day

### Hospice care — \$0 copayment

- ▶ When medically necessary

## J. Equipment and Supplies

### Corrective appliances — \$0 copayment

- ▶ Orthotics
- ▶ Shoe inserts and orthopedic shoes for diagnosis of diabetes
- ▶ Prosthetic devices

## J. Equipment and Supplies (continued)

### Diabetic supplies — obtained through pharmacy

- ▶ Glucometers
- ▶ Test strips
- ▶ Lancets
- ▶ Insulin
- ▶ Syringes

Free CHIP	Low-cost CHIP	Full-cost CHIP
\$0 copayment for generic drugs	\$6 copayment for generic drugs	\$10 copayment for generic drugs
\$0 copayment for brand-name drugs	\$9 copayment for brand-name drugs	\$18 copayment for brand-name drugs

### Durable medical equipment — \$0 copayment

- ▶ Limited to \$5,000 per plan year.
- ▶ When medically necessary.
- ▶ Some services must have prior authorization from UPMC *for Kids*.

### Enteral/parenteral feedings — \$0 copayment

- ▶ Limited to treatment of certain conditions (For specific conditions, please see the Nutritional Supplements section of the UPMC *for Kids* Exclusions booklet.)

## K. Pharmacy

UPMC *for Kids* provides coverage for prescription drugs and some over-the-counter drugs. The UPMC *for Kids* Pharmacy Benefits formulary must be followed. More information on the pharmacy benefits is included in the UPMC *for Kids* Pharmacy Benefits brochure.

### Prescription drugs

- ▶ Coverage for brand-name drugs and generic drugs
  - A generic drug will be substituted for a brand-name drug when a generic is available. If the physician indicates that a brand-name drug is necessary, the request must be reviewed by UPMC *for Kids*.
- ▶ Mail order available for chronic drugs.
- ▶ Some special drugs used to treat complex medical conditions should be ordered from the UPMC *for Kids* specialty drug provider.

### Pharmacy prescription drugs — one-month supply

Free CHIP	Low-cost CHIP	Full-cost CHIP
\$0 copayment for generic drugs	\$6 copayment for generic drugs	\$10 copayment for generic drugs
\$0 copayment for brand-name drugs	\$9 copayment for brand-name drugs	\$18 copayment for brand-name drugs

### Mail-order prescription drugs — three-month supply

Free CHIP	Low-cost CHIP	Full-cost CHIP
\$0 copayment for generic drugs	\$12 copayment for generic drugs	\$20 copayment for generic drugs
\$0 copayment for brand-name drugs	\$18 copayment for brand-name drugs	\$36 copayment for brand-name drugs

## K. Pharmacy (continued)

### Over-the-counter drugs

- ▶ Coverage for formulary medications that can be purchased without a prescription. Examples are vitamins, pain relievers, and tobacco cessation products.
- ▶ Covered only if the physician writes a prescription for the over-the-counter drug.

Up to a 30-day supply can be provided for retail medications, specialty medications, and controlled substances. Mail order may be used for chronic or ongoing medications for up to a 90-day supply, except for specialty medications, over-the-counter medications, and controlled substances. Based on the type of medication, the number of refills may vary. The maximum period for refills is one year from the date of the original prescription.

Free CHIP	Low-cost CHIP	Full-cost CHIP
\$0 copayment for generic drugs	\$6 copayment for generic drugs	\$10 copayment for generic drugs
\$0 copayment for brand-name drugs	\$9 copayment for brand-name drugs	\$18 copayment for brand-name drugs

## L. Dental Services

All preventive, diagnostic and other dental services, with the exception of orthodontia services, are limited to a maximum of \$1,500 per member per calendar year. Please refer to the Orthodontia section below for more information on orthodontia services.

If your child requires preventive, diagnostic, or other dental services that exceed the \$1,500 maximum limit per calendar year, or orthodontia services exceeding the \$5,200 lifetime limit (as described in the Orthodontia section below), your child may be eligible for extended dental benefits. In calendar year 2012, \$1 million will be made available by the Pennsylvania Insurance Department for extended dental benefits for all PA CHIP covered children to be used for medically necessary general dental or orthodontia expenses that exceed these limits. These benefits will be available in the amount of up to \$1,000 per child per year, on a first-come-first served basis.

Extended dental benefit funding can only be used for services that are covered by UPMC *for Kids*. If you feel your child could benefit from the extended dental benefit, talk to your participating dental provider. Your child's dentist will work with UPMC *for Kids* to determine if your child is eligible for this additional funding.

The types of dental services covered are:

### Preventive and diagnostic services:

- ▶ Two routine exams per year, including cleaning of teeth (one checkup every 6 months)
- ▶ Two topical fluoride treatments per year (one treatment every 6 months). "High Risk"<sup>†</sup> members are eligible for three topical fluoride treatments per year,
- ▶ Two topical applications of fluoride varnish per year. "High Risk"<sup>†</sup> members are eligible for 4 applications per year. Services can be provided by either a dental provider or a PCP.
- ▶ Sealants for members less than 18 years of age for permanent first and second molars free from caries and/or restoration. One sealant per tooth every 3 years except when visible evidence of clinical failure is apparent.
- ▶ Dental x-rays:
  - Full mouth x-rays limited to once in a 5-year period
  - Bitewing x-rays limited to once in a 12-month period
- ▶ Space maintainers (not made of precious metals) that replace premature loss of primary molars (baby teeth)

## L. Dental Services (continued)

### Other services:

- ▶ Anesthesia when done with a covered service
- ▶ Consultation while in the hospital - one per approved hospital admission
- ▶ Crowns (some crowns must have prior authorization from UPMC *for Kids*)
- ▶ Dentures - limited to one set per 60 months
- ▶ Emergency temporary treatment of an acute dental condition requiring immediate care
- ▶ Fillings - amalgam, resin, and composite restorations
- ▶ Pulpotomies
- ▶ Removal of impacted teeth (soft tissue, partial and boney impactions)
- ▶ Root canals
- ▶ Services related to an accidental injury to sound and natural teeth
- ▶ Simple extractions

### Orthodontia (braces):\*

(Not for cosmetic reasons, only when medically necessary)

Comprehensive Orthodontia Services have a lifetime limit of \$5,200 per member

- ▶ Evaluations for braces:
  - Only covered as a separate service if the member is determined to be ineligible for other orthodontic services
  - Limited to once per benefit period
  - When covered as a separate service, the evaluation is applied to the \$1,500 annual dental services benefit limit instead of the \$5,200 comprehensive orthodontic treatment lifetime benefit limit.
- ▶ Placement of braces, adjustments, and removal
- ▶ Retainers limited to one; replacements are not covered

†“High Risk” members are pregnant members and those members that are determined to be “high risk” using the American Dental Association Caries Risk Assessment tool

♦Requires prior authorization by UPMC *for Kids*

## M. Vision Services

Visits for routine eye exams and glasses or medically necessary contacts are covered. There are no copayments for the routine vision services below. Eye care services provided under the medical benefit will have applicable copayments.

### Eye exam — \$0 copayment

- ▶ 1 routine eye examination once in a 12-month period.

### Prescription lenses and frames or contact lenses — \$0 copayment

- ▶ Allowance of up to \$100 in a 12-month period for:
  - Prescription lenses and frames or contact lenses (including the lens fitting)
  - Adjustments to frames for up to 90 days after receiving glasses
- ▶ Charges exceeding the \$100 allowance are the responsibility of the member.

Replacement of lost, stolen, broken, or damaged lenses, frames, or contact lenses; non-prescription lenses; and sunglasses are not covered.

### Vision services for a medical condition — \$0 copayment

- ▶ Prescription lenses and frames and the fitting and adjustment of contact lenses are covered for a diagnosis of cataracts, keratoconus, or aphakia. The \$100 allowance does not apply for these conditions. They are covered in full.

## N. Additional Services and Programs

There are no copayments for the services below unless noted.

### Care Management programs:

To help members and their families manage their health for some conditions, we have several programs. Participation in these programs is voluntary. The programs are:

- ▶ Asthma
- ▶ Diabetes
- ▶ Maternity – If member is pregnant, enrolls in the program early, and keeps all her prenatal visits, we will give her a car seat.

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### Smoking:

To help our members to stop smoking or using tobacco, we provide education on what they can do to stop. See benefits for smoking cessation counseling (50 counseling sessions per year) and over-the-counter products for tobacco cessation. (Copayments for tobacco cessation medications apply as noted in the Pharmacy section.)

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### Obesity:

- ▶ Focus on a healthy lifestyle for members and their families.
- ▶ PCP can provide information on diet and exercise.
- ▶ See nutritional counseling benefit.
- ▶ See Healthy Living Rewards *for Kids* program for discounts on membership in gyms and other activities.

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### MyHealth Community:

- ▶ A program that offers discounts that help to promote healthy and active lifestyles for children and their families.

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### MyHealth Advice Line:

- ▶ Available 24 hours a day/7 days a week, the UPMC MyHealth Advice Line is open to answer your health care questions.
- ▶ A registered nurse will help you when you call 1-866-918-1591.

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### MyHealth OnLine:

Online health information, powered by WebMD®, includes:

- ▶ Personalized plans for diet and exercise programs.
- ▶ Tracking tools for individual medical information, such as immunizations and tests.
- ▶ Personalized homepage with favorite links and health topics.
- ▶ Information on common health conditions and how to manage them.
- ▶ Free online newsletters and e-mail messages about health topics of interest.

## O. Services Not Covered

Some services are not covered by UPMC *for Kids* and some services that are covered may have limitations. See a separate document titled “UPMC *for Kids* Exclusions” for a list of non-covered services.



[www.chipcoverspakids.com](http://www.chipcoverspakids.com)

# UPMC *for Kids*™

A Product of UPMC Health Plan

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[www.upmchealthplan.com/upmcforkids](http://www.upmchealthplan.com/upmcforkids)

**This managed care plan may not cover all of your health care expenses.  
Read all your materials carefully to determine which health care services are covered.**

[www.facebook.com/upmcforkids](http://www.facebook.com/upmcforkids)

**UPMC *for Kids*™ Member Services: 1-800-650-8762  
TTY Services: 1-800-361-2629**