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UPMC Health Plan Provides Easy Transition for Medicare Beneficiaries Who Switch Plans Before Deadline

UPMC for Life Medicare Enrollment Up 41% Over 2005 Membership

PITTSBURGH (March 1, 2007) — UPMC Health Plan is providing streamlined transition for those Medicare-eligibles in Western Pennsylvania who are interested in switching their Medicare plan prior to the Centers for Medicare and Medicaid Services (CMS) March 31 deadline.

UPMC Health Plan will continue to hold community seminars on Medicare to educate seniors on the options available to them, and will also have its Medicare representatives available to meet people in their homes or over the telephone. Under guidelines established by CMS, Medicare members have until March 31, 2007, to change plans if they wish. After April 1, Medicare participants who are enrolled in prescription drug plans are “locked in” with their insurance carrier until the end of the year.

“We educate the senior population about what’s available to them, in the way that they want to get that information,” says Catherine Batteer, UPMC Health Plan’s Vice President for Medicare. “Some prefer to do it strictly over the phone, others like to be able to attend community meetings on the subject, and others like the one-on-one, face-to-face contact with a representative, which we also can offer.

“We give consumers what they want in terms of a learning environment.”

In December 2005, UPMC Health Plan’s overall Medicare membership was 29,620. By the end of 2006 – the first year that a Medicare drug plan was available nationally –

membership had grown to 32,358. By the end of January 2007, membership rose to 41,767, an increase of almost 41 percent over 2005 totals.

“Obviously, one of the reasons we have had so much growth is that we have become more competitive in terms of pricing our Medicare Advantage products,” said Ms. Batteer. “But, we also offer a broad portfolio of products, our Medicare products have been recognized nationally for their quality, and we deliver a level of service that distinguishes us in the marketplace.”

For 2007, UPMC Health Plan introduced a new, lower priced HMO plan with pharmacy coverage, UPMC *for Life* HMO Rx. This plan has a monthly premium of \$23.60 and no deductible for prescription drug coverage. This product’s pricing is 67 percent lower than UPMC Health Plan’s 2006 HMO with pharmacy coverage offering.

UPMC Health Plan also continues to offer its “zero premium” plan – known as UPMC *for Life* HMO – in 2007. The Health Plan has had success marketing it as a strong complement to persons who have drug coverage through other sources, such as the Veterans Administration or the prescription drug programs for older Pennsylvanians, known as PACE and PACENET, which are funded by the Pennsylvania lottery.

Additionally, in 2006 UPMC Health Plan introduced a Health Care Concierge program for UPMC *for Life* members. The program is designed to deliver personalized, high-quality service for members to help guide them through the complexities of Medicare coverage.

In 2006, UPMC Health Plan earned an “Excellent” rating from the National Committee for Quality Assurance (NCQA) for its UPMC *for Life* products. This was the first year that the Medicare products were eligible for evaluation. NCQA sets standards for the quality of care and service that health plans provide to their members. NCQA accreditation is nationally recognized as a seal of approval. NCQA ratings are based on clinical performance as well as patient experience and satisfaction.

More information about the UPMC Health Plan Medicare program can be found at www.upmchealthplan.com.

About UPMC Health Plan

UPMC Health Plan, the second-largest health insurer in Western Pennsylvania, is

owned by the University of Pittsburgh Medical Center (UPMC), one of the nation's top-ranked health systems. The 2006 *U.S. News & World Report* NCQA listing of "America's Best Health Plans" ranked UPMC Health Plan # 7 in the nation, making it the highest ranked plan in Pennsylvania. It has also led the nation in breast cancer screening for three consecutive years. The integrated partner companies of the UPMC Insurance Services Division – which includes UPMC Health Plan, Work Partners, EAP Solutions, UPMC *for You* (Medical Assistance), and Community Care Behavioral Health – offer a full range of group health insurance, Medicare, CHIP, Medical Assistance, behavioral health, employee assistance, and workers' compensation products and services to nearly 1 million members. Our local provider network includes UPMC as well as community providers, totaling more than 80 hospitals and more than 7,000 physicians in a 28-county region.

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