

2010  
**Summary of Benefits**

**HMO**  
Western Pennsylvania  
H3907



**UPMC *for Life***  
UPMC Health Plan Medicare Program

**2010 HMO**



**Section I – Introduction to the Summary of Benefits for  
UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO)  
January 1, 2010 - December 31, 2010  
Western Pennsylvania - Contract Number H3907**

Thank you for your interest in UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO). Our plan is offered by UPMC Health Plan, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, or list every limitation or exclusion. To get a complete list of our benefits, please call UPMC *for Life* HMO, HMO Rx, or HMO Rx Enhanced (HMO) and ask for the "Evidence of Coverage."

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

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

You may join or leave a plan **only** at certain times. Please call UPMC *for Life* HMO, HMO Rx, or HMO Rx Enhanced (HMO) at the telephone number listed at

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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 Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

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

**WHERE IS UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO) AVAILABLE?**

The service area for these plans includes the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset,

Venango, Washington, and Westmoreland Counties, PA. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

**WHO IS ELIGIBLE TO JOIN UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO)?**

You can join UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO) 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 are generally not eligible to enroll in UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO) unless they are members of our organization and have been since their dialysis began.

**CAN I CHOOSE MY DOCTORS?**

UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO) have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health

providers in our network can change at any time. You can ask for a current Provider Directory, or for an up-to-date list visit us at <http://www.upmchealthplan.com/medicare>. Our Customer Service number is listed at the end of this introduction.

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

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

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

UPMC *for Life* (HMO) does cover Medicare Part B prescription drugs. UPMC *for Life* (HMO) does **NOT** cover Medicare Part D prescription drugs.

UPMC *for Life* HMO Rx and HMO Rx Enhanced (HMO) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

UPMC *for Life* HMO Rx and HMO Rx Enhanced (HMO) have 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.

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

UPMC *for Life* HMO Rx and HMO Rx Enhanced (HMO) use 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 MY PRESCRIPTION DRUG PLAN COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and 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.
- 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 year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UPMC *for Life* HMO, HMO Rx and HMO Rx Enhanced

(HMO), 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, Quality Insights of Pennsylvania 1-800-322-1914.

As a member of UPMC *for Life* HMO Rx or HMO Rx Enhanced (HMO), 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, Quality Insights of Pennsylvania 1-800-322-1914.

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

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific

health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact UPMC *for Life* HMO Rx and HMO Rx Enhanced (HMO) for more details.

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO) 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 alpha 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.

### **PLAN RATINGS**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illnesses, 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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-877-539-3080 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-361-2629.

Please call UPMC Health Plan for more information about UPMC *for Life* HMO, HMO Rx, and HMO Rx Enhanced (HMO).  
Visit us at <http://www.upmchealthplan.com/medicare>, 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 **1-877-539-3080** for questions related to the Medicare Advantage program or Medicare Part D Prescription Drug program. (TTY/TDD **1-800-361-2629**)

Prospective members should call toll-free **1-877-381-3765** for questions related to the Medicare Advantage program or Medicare Part D Prescription Drug program. (TTY/TDD **1-800-361-2629**)

Current members should call locally **1-877-539-3080** for questions related to the Medicare Advantage program or Medicare Part D Prescription Drug program. (TTY/TDD **1-800-361-2629**)

Prospective members should call locally **1-877-381-3765** for questions related to the Medicare Advantage program or Medicare Part D Prescription Drug program. (TTY/TDD **1-800-361-2629**)

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.

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

## Section II – Summary of Benefits

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

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>IMPORTANT INFORMATION</b>				
<b>1. Premium and Other Important Information</b>	<ul style="list-style-type: none"> <li>• In 2010, the monthly Part B premium is \$96.40 and the yearly Part B deductible amount is \$155.00.</li> <li>• If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</li> <li>• Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$3,400 out-of-pocket limit.</li> <li>• This limit includes only Medicare-covered services.</li> <li>• See page 37 for additional information about premium and other important information.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• \$53.00 monthly plan premium in addition to your monthly Medicare Part B premium.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$3,400 out-of-pocket limit.</li> <li>• This limit includes only Medicare-covered services.</li> <li>• See page 37 for additional information about premium and other important information.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• \$141.00 monthly plan premium in addition to your monthly Medicare Part B premium.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$3,200 out-of-pocket limit.</li> <li>• This limit includes only Medicare-covered services.</li> <li>• See page 37 for additional information about premium and other important information.</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
<p><b>Premium and Other Important Information</b> (<i>continued</i>)</p>	<p>premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>			
<p><b>2. Doctor and Hospital Choice</b> (For more information see Emergency – #15 and Urgently Needed Care – #16.)</p>	<ul style="list-style-type: none"> <li>You may go to any doctor, specialist, or hospital that accepts Medicare.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>You must go to network doctors, specialists, and hospitals.</li> <li>No referral required for network doctors, specialists, and hospitals.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>You must go to network doctors, specialists, and hospitals.</li> <li>No referral required for network doctors, specialists, and hospitals.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>You must go to network doctors, specialists, and hospitals.</li> <li>No referral required for network doctors, specialists, and hospitals.</li> </ul>

## SUMMARY OF BENEFITS

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>INPATIENT CARE</b>				
<b>3. Inpatient Hospital Care</b> (includes substance abuse and rehabilitation services)	In 2010, the amounts for each benefit period are: <ul style="list-style-type: none"> <li>• Days 1-60: \$1,100 deductible.</li> <li>• Days 61-90: \$275 per day.</li> <li>• Days 91-150: \$550 per lifetime reserve day.</li> <li>• Call 1-800 MEDICARE (1-800-633-4227) for information about lifetime reserve days.</li> <li>• Lifetime reserve days can only be used once.</li> <li>• A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$250 copay for each Medicare-covered hospital stay.</li> <li>• \$0 copay for additional hospital days.</li> <li>• \$750 out-of-pocket limit every year.</li> <li>• No limit to the number of days covered by the plan each benefit period.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> <li>• See pages 37 and 40 for additional information about inpatient hospital care.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$275 copay for each Medicare-covered hospital stay.</li> <li>• \$0 copay for additional hospital days.</li> <li>• \$825 out-of-pocket limit every year.</li> <li>• No limit to the number of days covered by the plan each benefit period.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> <li>• See pages 37 and 40 for additional information about inpatient hospital care.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$200 copay for each Medicare-covered hospital stay.</li> <li>• \$0 copay for additional hospital days.</li> <li>• \$400 out-of-pocket limit every year.</li> <li>• No limit to the number of days covered by the plan each benefit period.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> <li>• See pages 37 and 40 for additional information about inpatient hospital care.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Inpatient Hospital Care</b> <i>(continued)</i>	<p>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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>			
<b>4. Inpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• Same deductible and copay as inpatient hospital care (See “Inpatient Hospital Care” above).</li> <li>• 190-day lifetime limit in a psychiatric hospital.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$250 copay for each Medicare-covered hospital stay.</li> <li>• The maximum out-of-pocket limit is covered under “Inpatient Hospital Care.”</li> <li>• You get up to 190 days in a psychiatric hospital in a lifetime.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$275 copay for each Medicare-covered hospital stay.</li> <li>• The maximum out-of-pocket limit is covered under “Inpatient Hospital Care.”</li> <li>• You get up to 190 days in a psychiatric hospital in a lifetime.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$200 copay for each Medicare-covered hospital stay.</li> <li>• The maximum out-of-pocket limit is covered under “Inpatient Hospital Care.”</li> <li>• You get up to 190 days in a psychiatric hospital in a lifetime.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Inpatient Mental Health Care</b> ( <i>continued</i> )		<ul style="list-style-type: none"> <li>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> <li>See pages 37 and 40 for additional information about inpatient mental health care.</li> </ul>	<ul style="list-style-type: none"> <li>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> <li>See pages 37 and 40 for additional information about inpatient mental health care.</li> </ul>	<ul style="list-style-type: none"> <li>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> <li>See pages 37 and 40 for additional information about inpatient mental health care.</li> </ul>
<b>5. Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	In 2010, the amounts for each benefit period after at least a 3-day covered hospital stay are: <ul style="list-style-type: none"> <li>Days 1-20: \$0 per day.</li> <li>Days 21-100: \$137.50 per day.</li> <li>100 days for each benefit period.</li> <li>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</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <b>In-Network</b> For SNF stays: <ul style="list-style-type: none"> <li>Days 1-10: \$25 copay per day.</li> <li>Days 11-60: \$60 copay per day.</li> <li>Days 61-100: \$0 copay per day.</li> <li>\$3,250 out-of-pocket limit every year.</li> <li>Plan covers up to 100 days each benefit period.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <b>In-Network</b> For SNF stays: <ul style="list-style-type: none"> <li>Days 1-10: \$25 copay per day.</li> <li>Days 11-60: \$60 copay per day.</li> <li>Days 61-100: \$0 copay per day.</li> <li>\$3,250 out-of-pocket limit every year.</li> <li>Plan covers up to 100 days each benefit period.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <b>In-Network</b> For SNF stays: <ul style="list-style-type: none"> <li>Days 1-10: \$25 copay per day.</li> <li>Days 11-60: \$60 copay per day.</li> <li>Days 61-100: \$0 copay per day.</li> <li>\$3,200 out-of-pocket limit every year.</li> <li>Plan covers up to 100 days each benefit period.</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
<b>Skilled Nursing Facility (SNF)</b> <i>(continued)</i>	begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	<ul style="list-style-type: none"> <li>No prior hospital stay is required.</li> <li>See pages 37 and 40 for additional information about skilled nursing facility care.</li> </ul>	<ul style="list-style-type: none"> <li>No prior hospital stay is required.</li> <li>See pages 37 and 40 for additional information about skilled nursing facility care.</li> </ul>	<ul style="list-style-type: none"> <li>No prior hospital stay is required.</li> <li>See pages 37 and 40 for additional information about skilled nursing facility care.</li> </ul>
<b>6. Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> <li>\$0 copay.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered home health visits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered home health visits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered home health visits.</li> </ul>
<b>7. Hospice</b>	<ul style="list-style-type: none"> <li>You pay part of the cost for outpatient drugs and inpatient respite care.</li> <li>You must get care from a Medicare-certified hospice.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>You must get care from a Medicare-certified hospice.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>You must get care from a Medicare-certified hospice.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>You must get care from a Medicare-certified hospice.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)	
<b>OUTPATIENT CARE</b>					
8.	<b>Doctor Office Visits</b>	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>See “Physical Exams” for more information.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$15 copay for each primary care doctor visit for Medicare-covered benefits.</li> <li>\$30 copay for each in-area, network urgent care Medicare-covered visit.</li> <li>\$30 copay for each specialist visit for Medicare-covered benefits.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>See “Physical Exams” for more information.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$15 copay for each primary care doctor visit for Medicare-covered benefits.</li> <li>\$40 copay for each in-area, network urgent care Medicare-covered visit.</li> <li>\$40 copay for each specialist visit for Medicare-covered benefits.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>See “Physical Exams” for more information.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$5 copay for each primary care doctor visit for Medicare-covered benefits.</li> <li>\$30 copay for each in-area, network urgent care Medicare-covered visit.</li> <li>\$30 copay for each specialist visit for Medicare-covered benefits.</li> </ul>

Benefit		Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
9.	<b>Chiropractic Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered.</li> <li>• 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered visit.</li> <li>• \$30 copay for up to 6 routine visits every year.</li> <li>• Medicare-covered chiropractic visits are 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.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$40 copay for each Medicare-covered visit.</li> <li>• \$40 copay for up to 6 routine visits every year.</li> <li>• Medicare-covered chiropractic visits are 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.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered visit.</li> <li>• \$30 copay for up to 6 routine visits every year.</li> <li>• Medicare-covered chiropractic visits are 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.</li> </ul>
10.	<b>Podiatry Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered.</li> <li>• 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered visit.</li> <li>• \$30 copay for up to 4 routine visits every year.</li> <li>• Medicare-covered podiatry benefits are for medically necessary foot care.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$40 copay for each Medicare-covered visit.</li> <li>• \$40 copay for up to 4 routine visits every year.</li> <li>• Medicare-covered podiatry benefits are for medically necessary foot care.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered visit.</li> <li>• \$30 copay for up to 4 routine visits every year.</li> <li>• Medicare-covered podiatry benefits are for medically necessary foot care.</li> </ul>
11.	<b>Outpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• 45% coinsurance for most outpatient mental health services.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered individual or group therapy visit.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$40 copay for each Medicare-covered individual or group therapy visit.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered individual or group therapy visit.</li> </ul>

Benefit		Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
12.	<b>Outpatient Substance Abuse Care</b>	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$30 copay for Medicare-covered individual or group visits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$40 copay for Medicare-covered individual or group visits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$30 copay for Medicare-covered individual or group visits.</li> </ul>
13.	<b>Outpatient Services/Surgery</b>	<ul style="list-style-type: none"> <li>20% coinsurance for the doctor.</li> <li>20% of outpatient facility charges.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$150 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>\$150 copay for each Medicare-covered outpatient hospital facility visit.</li> <li>See page 37 for additional information about outpatient services/surgery.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$175 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>\$175 copay for each Medicare-covered outpatient hospital facility visit.</li> <li>See page 37 for additional information about outpatient services/surgery.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$100 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>\$100 copay for each Medicare-covered outpatient hospital facility visit.</li> <li>See page 37 for additional information about outpatient services/surgery.</li> </ul>
14.	<b>Ambulance Services</b> (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$100 copay for Medicare-covered ambulance benefits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$100 copay for Medicare-covered ambulance benefits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$100 copay for Medicare-covered ambulance benefits.</li> </ul>

Benefit		Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
15.	<b>Emergency Care</b>  (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor.</li> <li>• 20% of facility charge or a set copay per emergency room visit.</li> <li>• You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</li> <li>• NOT covered outside the U.S., except under limited circumstances.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• \$50 copay for Medicare-covered emergency room visits.</li> <li>• Worldwide coverage.</li> <li>• If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.</li> <li>• See page 37 for additional information about emergency care.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• \$50 copay for Medicare-covered emergency room visits.</li> <li>• Worldwide coverage.</li> <li>• If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.</li> <li>• See page 37 for additional information about emergency care.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• \$50 copay for Medicare-covered emergency room visits.</li> <li>• Worldwide coverage.</li> <li>• If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit.</li> <li>• See page 37 for additional information about emergency care.</li> </ul>
16.	<b>Urgently Needed Care</b>  (This is <b>NOT</b> emergency care and, in most cases, is out of the service area.)	<ul style="list-style-type: none"> <li>• 20% coinsurance or a set copay.</li> <li>• NOT covered outside the U.S., except under limited circumstances.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• \$50 copay for Medicare-covered urgently needed care visits.</li> <li>• If you are admitted to the hospital within 3 days for the same condition, \$0 for the urgent care visit.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• \$50 copay for Medicare-covered urgently needed care visits.</li> <li>• If you are admitted to the hospital within 3 days for the same condition, \$0 for the urgent care visit.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>• \$50 copay for Medicare-covered urgently needed care visits.</li> <li>• If you are admitted to the hospital within 3 days for the same condition, \$0 for the urgent care visit.</li> </ul>

Benefit		Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
17.	<b>Outpatient Rehabilitation Services</b> (occupational therapy, physical therapy, speech and language therapy)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$30 copay for Medicare-covered occupational therapy visits.</li> <li>\$30 copay for Medicare-covered physical and/or speech/language therapy visits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$40 copay for Medicare-covered occupational therapy visits.</li> <li>\$40 copay for Medicare-covered physical and/or speech/language therapy visits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$30 copay for Medicare-covered occupational therapy visits.</li> <li>\$30 copay for Medicare-covered physical and/or speech/language therapy visits.</li> </ul>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>					
18.	<b>Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <b>In-Network</b> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> <li>See page 40 for additional information about durable medical equipment.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <b>In-Network</b> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> <li>See page 40 for additional information about durable medical equipment.</li> </ul>	<b>General</b> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <b>In-Network</b> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> <li>See page 40 for additional information about durable medical equipment.</li> </ul>
19.	<b>Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
<b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> <li>• Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for diabetes self-monitoring training.</li> <li>• \$0 copay for nutrition therapy for diabetes.</li> <li>• \$10 to \$60 copay for diabetes supplies.</li> <li>• Separate office visit cost-sharing of \$15 to \$30 copay may apply.</li> <li>• See page 38 for additional information about diabetes self-monitoring training, nutrition therapy, and supplies.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for diabetes self-monitoring training.</li> <li>• \$0 copay for nutrition therapy for diabetes.</li> <li>• \$10 to \$60 copay for diabetes supplies.</li> <li>• Separate office visit cost-sharing of \$15 to \$40 copay may apply.</li> <li>• See page 38 for additional information about diabetes self-monitoring training, nutrition therapy, and supplies.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for diabetes self-monitoring training.</li> <li>• \$0 copay for nutrition therapy for diabetes.</li> <li>• \$10 to \$45 copay for diabetes supplies.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 copay may apply.</li> <li>• See page 38 for additional information about diabetes self-monitoring training, nutrition therapy, and supplies.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<p><b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnostic tests and x-rays.</li> <li>• \$0 copay for Medicare-covered lab services.</li> <li>• <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 routine screening tests, like checking your cholesterol.</li> </ul>	<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> </ul> </li> <li>• \$20 copay for Medicare-covered x-rays.</li> <li>• \$60 copay for Medicare-covered diagnostic radiology services.</li> <li>• \$0 copay for Medicare-covered therapeutic radiology services.</li> <li>• Separate office visit cost-sharing of \$15 to \$30 may apply.</li> <li>• See page 38 for additional information about diagnostic tests, x-rays, lab services, and radiology services.</li> </ul>	<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> </ul> </li> <li>• \$20 copay for Medicare-covered x-rays.</li> <li>• \$60 copay for Medicare-covered diagnostic radiology services.</li> <li>• \$0 copay for Medicare-covered therapeutic radiology services.</li> <li>• Separate office visit cost-sharing of \$15 to \$40 may apply.</li> <li>• See page 38 for additional information about diagnostic tests, x-rays, lab services, and radiology services.</li> </ul>	<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> </ul> </li> <li>• \$20 copay for Medicare-covered x-rays.</li> <li>• \$50 copay for Medicare-covered diagnostic radiology services.</li> <li>• \$0 copay for Medicare-covered therapeutic radiology services.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 may apply.</li> <li>• See page 38 for additional information about diagnostic tests, x-rays, lab services, and radiology services.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)	
<b>PREVENTIVE SERVICES</b>					
22.	<b>Bone Mass Measurement</b>  (for people with Medicare who are at risk)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> <li>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered bone mass measurement.</li> <li>Separate office visit cost-sharing of \$15 to \$30 may apply.</li> <li>See page 38 for additional information about bone mass measurement.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered bone mass measurement.</li> <li>Separate office visit cost-sharing of \$15 to \$40 may apply.</li> <li>See page 38 for additional information about bone mass measurement.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered bone mass measurement.</li> <li>Separate office visit cost-sharing of \$5 to \$30 may apply.</li> <li>See page 38 for additional information about bone mass measurement.</li> </ul>
23.	<b>Colorectal Screening Exams</b>  (for people with Medicare age 50 and older)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> <li>Covered when you are high risk or when you are age 50 and older.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 to \$150 copay for Medicare-covered colorectal screenings.</li> <li>Separate office visit cost-sharing of \$15 to \$30 may apply.</li> <li>See page 38 for additional information about colorectal screening exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 to \$175 copay for Medicare-covered colorectal screenings.</li> <li>Separate office visit cost-sharing of \$15 to \$40 may apply.</li> <li>See page 38 for additional information about colorectal screening exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 to \$100 copay for Medicare-covered colorectal screenings.</li> <li>Separate office visit cost-sharing of \$5 to \$30 may apply.</li> <li>See page 38 for additional information about colorectal screening exams.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
<b>24.</b>	<b>Immunizations</b>  (flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, pneumonia vaccine)	<ul style="list-style-type: none"> <li>• \$0 copay for flu and pneumonia vaccines.</li> <li>• 20% coinsurance for Hepatitis B vaccine.</li> <li>• You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for flu and pneumonia vaccines.</li> <li>• \$0 copay for Hepatitis B vaccine.</li> <li>• No referral needed for flu and pneumonia vaccines.</li> <li>• See page 39 for additional information about immunizations.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for flu and pneumonia vaccines.</li> <li>• \$0 copay for Hepatitis B vaccine.</li> <li>• No referral needed for flu and pneumonia vaccines.</li> <li>• See page 39 for additional information about immunizations.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for flu and pneumonia vaccines.</li> <li>• \$0 copay for Hepatitis B vaccine.</li> <li>• No referral needed for flu and pneumonia vaccines.</li> <li>• See page 39 for additional information about immunizations.</li> </ul>
<b>25.</b>	<b>Mammograms</b> (annual screening)  (for women with Medicare age 40 and older)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> <li>• No referral needed.</li> <li>• Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered screening mammograms.</li> <li>• Separate office visit cost-sharing of \$15 to \$30 may apply.</li> <li>• See page 38 for additional information about mammograms.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered screening mammograms.</li> <li>• Separate office visit cost-sharing of \$15 to \$40 may apply.</li> <li>• See page 38 for additional information about mammograms.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered screening mammograms.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 may apply.</li> <li>• See page 38 for additional information about mammograms.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC for Life (HMO)</b>	<b>UPMC for Life HMO Rx (HMO)</b>	<b>UPMC for Life HMO Rx Enhanced (HMO)</b>
<b>26.</b>	<b>Pap Smears and Pelvic Exams</b>  (for women with Medicare)	<ul style="list-style-type: none"> <li>• \$0 copay for Pap smears.</li> <li>• Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• 20% coinsurance for pelvic exam.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered Pap smears and pelvic exams.</li> <li>• Up to 1 additional Pap smear and pelvic exam every year.</li> <li>• Separate office visit cost-sharing of \$15 to \$30 may apply.</li> <li>• See page 38 for additional information about Pap smears and pelvic exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered Pap smears and pelvic exams.</li> <li>• Up to 1 additional Pap smear and pelvic exam every year.</li> <li>• Separate office visit cost-sharing of \$15 to \$40 may apply.</li> <li>• See page 38 for additional information about Pap smears and pelvic exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered Pap smears and pelvic exams.</li> <li>• Up to 1 additional Pap smear and pelvic exam every year.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 may apply.</li> <li>• See page 38 for additional information about Pap smears and pelvic exams.</li> </ul>
<b>27.</b>	<b>Prostate Cancer Screening Exams</b>  (for men with Medicare age 50 and older)	<ul style="list-style-type: none"> <li>• 20% coinsurance for the digital rectal exam.</li> <li>• \$0 for the PSA test; 20% coinsurance for other related services.</li> <li>• Covered once a year for all men with Medicare over age 50.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered prostate cancer screening.</li> <li>• Separate office visit cost-sharing of \$15 to \$30 may apply.</li> <li>• See page 38 for additional information about prostate cancer screening exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered prostate cancer screening.</li> <li>• Separate office visit cost-sharing of \$15 to \$40 may apply.</li> <li>• See page 38 for additional information about prostate cancer screening exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered prostate cancer screening.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 may apply.</li> <li>• See page 38 for additional information about prostate cancer screening exams.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
<b>28.</b>	<b>End-Stage Renal Disease</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for renal dialysis.</li> <li>• 20% coinsurance for nutrition therapy for end-stage renal disease.</li> <li>• Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for renal dialysis.</li> <li>• \$0 copay for nutrition therapy for end-stage renal disease.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for renal dialysis.</li> <li>• \$0 copay for nutrition therapy for end-stage renal disease.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for renal dialysis.</li> <li>• \$0 copay for nutrition therapy for end-stage renal disease.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<p><b>29. Prescription Drugs</b></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>Most drugs not covered.</li> <li>\$5 to \$32 copay for Part B covered chemotherapy drugs and other Part B covered drugs.</li> </ul> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>This plan does <b>not</b> offer prescription drug coverage.</li> </ul>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>\$5 to \$32 copay for Part B covered chemotherapy drugs and other Part B covered drugs.</li> </ul> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>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/medicare/partd.html">http://www.upmchealthplan.com/medicare/partd.html</a> on the Web.</li> <li>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).</li> </ul> </li> </ul>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>\$5 to \$32 copay for Part B covered chemotherapy drugs and other Part B covered drugs.</li> </ul> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>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/medicare/partd.html">http://www.upmchealthplan.com/medicare/partd.html</a> on the Web.</li> <li>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).</li> </ul> </li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<ul style="list-style-type: none"> <li>• 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).</li> <li>• Total yearly drug costs are the total drug costs paid by both you and the plan.</li> <li>• The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>• Some drugs have quantity limits.</li> <li>• Your provider must get prior authorization from UPMC <i>for Life</i> HMO Rx (HMO) for certain drugs.</li> <li>• The plan will pay for certain over-the-counter drugs as part of its utilization management</li> </ul>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Total yearly drug costs are the total drug costs paid by both you and the plan.</li> <li>• The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>• Some drugs have quantity limits.</li> <li>• Your provider must get prior authorization from UPMC <i>for Life</i> HMO Rx Enhanced (HMO) for certain drugs.</li> <li>• The plan will pay for certain over-the-counter drugs as part of its utilization management</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p>program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <ul style="list-style-type: none"> <li>• You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://medicare.gov">medicare.gov</a>.</li> <li>• 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.</li> <li>• If you request a formulary exception for a drug and UPMC <i>for Life</i> HMO Rx (HMO) approves the exception you will pay Tier</li> </ul>	<p>program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <ul style="list-style-type: none"> <li>• You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://medicare.gov">medicare.gov</a>.</li> <li>• 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.</li> <li>• If you request a formulary exception for a drug and UPMC <i>for Life</i> HMO Rx Enhanced (HMO) approves the exception you will pay</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p>3 – Non-Preferred Brand cost-sharing for that drug.</p> <ul style="list-style-type: none"> <li>• See pages 39 and 41 for additional information about prescription drugs.</li> </ul> <hr/> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 deductible.</li> </ul> <p><b>Initial Coverage</b></p> <ul style="list-style-type: none"> <li>• You pay the following until total yearly drug costs reach \$2,830:</li> </ul> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>	<p>Tier 3 – Non-Preferred Brand cost-sharing for that drug.</p> <ul style="list-style-type: none"> <li>• See pages 39 and 41 for additional information about prescription drugs.</li> </ul> <hr/> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 deductible.</li> </ul> <p><b>Initial Coverage</b></p> <ul style="list-style-type: none"> <li>• You pay the following until total yearly drug costs reach \$2,830:</li> </ul> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$32 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$96 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$240 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <hr/> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>	<p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$32 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$96 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$240 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <hr/> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$32 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <hr/> <p><b>Mail-Order</b></p> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$12.50 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>	<p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$32 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <hr/> <p><b>Mail-Order</b></p> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$12.50 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$200 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Coverage Gap</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</li> </ul> <hr/> <p><b>Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> </li> </ul>	<p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$200 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Coverage Gap</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</li> </ul> <hr/> <p><b>Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> </li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UPMC <i>for Life</i> HMO Rx (HMO).</li> </ul> <hr/> <p><b>Out-of-Network Initial Coverage</b></p> <ul style="list-style-type: none"> <li>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</li> </ul>	<p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UPMC <i>for Life</i> HMO Rx Enhanced (HMO).</li> </ul> <hr/> <p><b>Out-of-Network Initial Coverage</b></p> <ul style="list-style-type: none"> <li>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$32 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <hr/> <p><b>Out-of-Network Coverage Gap</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drugs costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-</li> </ul>	<p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$32 copay for a one-month (31-day) supply of drug in this tier.</li> </ul> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$80 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul> <hr/> <p><b>Out-of-Network Coverage Gap</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drugs costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
<b>Prescription Drugs</b> <i>(continued)</i>			<p>network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UPMC <i>for Life</i> HMO Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> HMO Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <hr/> <p><b>Out-of-Network Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> </li> </ul>	<p>network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UPMC <i>for Life</i> HMO Rx Enhanced (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> HMO Rx Enhanced (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <hr/> <p><b>Out-of-Network Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <li>• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> </li> </ul>

Benefit		Original Medicare	UPMC <i>for Life</i> (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)	UPMC <i>for Life</i> HMO Rx Enhanced (HMO)
30.	<b>Dental Services</b>	<ul style="list-style-type: none"> <li>Preventive dental services (such as cleaning) not covered.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>In general, preventive dental benefits (such as cleaning) not covered.</li> <li>\$30 copay for Medicare-covered dental benefits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>In general, preventive dental benefits (such as cleaning) not covered.</li> <li>\$40 copay for Medicare-covered dental benefits.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>In general, preventive dental benefits (such as cleaning) not covered.</li> <li>\$30 copay for Medicare-covered dental benefits.</li> </ul>
31.	<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>Routine hearing exams and hearing aids not covered.</li> <li>20% coinsurance for diagnostic hearing exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>In general, routine hearing exams and hearing aids not covered.</li> <li>\$30 copay for Medicare-covered diagnostic hearing exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>In general, routine hearing exams and hearing aids not covered.</li> <li>\$40 copay for Medicare-covered diagnostic hearing exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for up to 1 hearing aid(s) every three years.</li> <li>\$30 copay for Medicare-covered diagnostic hearing exams.</li> <li>\$30 copay for up to 1 routine hearing test every year.</li> <li>\$30 copay for up to 1 hearing aid fitting evaluation every three years.</li> <li>\$1,000 limit for hearing aid(s) every three years.</li> <li>See page 39 for additional information about hearing services.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
32.	<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</li> <li>• Routine eye exams and glasses not covered.</li> <li>• Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• Annual glaucoma screenings covered for people at risk.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>• One pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• Up to 1 pair(s) of glasses every two years.</li> <li>• Up to 1 pair(s) of contacts every two years.</li> </ul> </li> <li>• \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$0 copay for up to 1 routine eye exam every two years.</li> <li>• \$150 limit for eye exam and eyewear every two years.</li> <li>• See pages 39 and 40 for additional information about vision services.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>• One pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• Up to 1 pair(s) of glasses every two years.</li> <li>• Up to 1 pair(s) of contacts every two years.</li> </ul> </li> <li>• \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$0 copay for up to 1 routine eye exam every two years.</li> <li>• \$150 limit for eye exam and eyewear every two years.</li> <li>• See page 39 for additional information about vision services.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>• One pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• Up to 1 pair(s) of glasses every two years.</li> <li>• Up to 1 pair(s) of contacts every two years.</li> </ul> </li> <li>• \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$0 copay for up to 1 routine eye exam every two years.</li> <li>• \$200 limit for eye exam and eyewear every two years.</li> <li>• See page 39 for additional information about vision services.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC <i>for Life</i> (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx (HMO)</b>	<b>UPMC <i>for Life</i> HMO Rx Enhanced (HMO)</b>
<b>33.</b>	<b>Physical Exams</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</li> <li>• When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$15 copay for routine exams.</li> <li>• Limited to 1 exam every year.</li> <li>• \$15 copay for Medicare-covered benefits.</li> <li>• See page 40 for additional information on physical exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$15 copay for routine exams.</li> <li>• Limited to 1 exam every year.</li> <li>• \$15 copay for Medicare-covered benefits.</li> <li>• See page 40 for additional information on physical exams.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>• \$5 copay for routine exams.</li> <li>• Limited to 1 exam every year.</li> <li>• \$5 copay for Medicare-covered benefits.</li> <li>• See page 40 for additional information on physical exams.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC for Life (HMO)</b>	<b>UPMC for Life HMO Rx (HMO)</b>	<b>UPMC for Life HMO Rx Enhanced (HMO)</b>
<b>34.</b>	<b>Health/Wellness Education</b>	<ul style="list-style-type: none"> <li>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>Written health education materials, including newsletters.</li> <li>Health club membership/fitness classes.</li> <li>Nursing hotline.</li> </ul> </li> <li>\$30 copay for each Medicare-covered smoking cessation counseling session.</li> <li>See page 40 for additional information on health/wellness education.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>Written health education materials, including newsletters.</li> <li>Health club membership/fitness classes.</li> <li>Nursing hotline.</li> </ul> </li> <li>\$40 copay for each Medicare-covered smoking cessation counseling session.</li> <li>See page 40 for additional information on health/wellness education.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>Written health education materials, including newsletters.</li> <li>Health club membership/fitness classes.</li> <li>Nursing hotline.</li> </ul> </li> <li>\$30 copay for each Medicare-covered smoking cessation counseling session.</li> <li>See page 40 for additional information on health/wellness education.</li> </ul>
<b>35.</b>	<b>Transportation (Routine)</b>	<ul style="list-style-type: none"> <li>Not covered.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan does not cover routine transportation.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan does not cover routine transportation.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan does not cover routine transportation.</li> </ul>
<b>36.</b>	<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>Not covered.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan does not cover acupuncture.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan does not cover acupuncture.</li> </ul>	<b>In-Network</b> <ul style="list-style-type: none"> <li>This plan does not cover acupuncture.</li> </ul>

## Section III: Additional Benefit Information

This section further explains some of the medical benefits listed in Section II of the Summary of Benefits. The number and title listed below correspond to the Benefit category listed in Section II.

### 1. Other Important Information – Out-of-Pocket Limit

You have added protection with UPMC *for Life* HMO plans with an annual out-of-pocket limit on copays and coinsurance for covered medical expenses. During the year if the amount you spend on copays and coinsurance reaches the out-of-pocket limit, you will pay \$0 for additional Medicare-covered services for the remainder of the year.

**Note:** Part D drugs, routine hearing, and routine vision services are excluded from the out-of-pocket limit.

- **HMO and HMO Rx (HMO)** – \$3,400 annual limit
- **HMO Rx Enhanced (HMO)** – \$3,200 annual limit

### 3. Inpatient Hospital Care; and 4. Inpatient Mental Health Care

You pay the following copay for Medicare-covered hospital stays each time you are admitted to a hospital, no matter how many days have passed since your last admission.

Inpatient hospital and inpatient mental health care have a combined annual out-of-pocket limit. Once the limit is met, you pay \$0 for additional Medicare-covered stays for the remainder of the year.

- **HMO** – \$250 per stay/\$750 out-of-pocket limit
- **HMO Rx (HMO)** – \$275 per stay/\$825 out-of-pocket limit
- **HMO Rx Enhanced (HMO)** – \$200 per stay/\$400 annual out-of-pocket limit

### 5. Skilled Nursing Facility (SNF)

UPMC *for Life* SNF stays have an annual out-of-pocket limit. Once the following limit is met, you pay \$0 for additional Medicare-covered stays up to the first 100 days per benefit period.

### 5. Skilled Nursing Facility (*continued*)

If you remain in a SNF for more than 100 days during a benefit period, you are responsible for all costs after day 100. A benefit period starts the day you go into a hospital or SNF. The same benefit period continues until you go for 60 days in a row without hospital or skilled nursing care. *Please refer to pages 10 and 11 for SNF copay amounts.*

- **HMO and HMO Rx (HMO)** – \$3,250 out-of-pocket limit
- **HMO Rx Enhanced (HMO)** – \$3,200 out-of-pocket limit

### 13. Outpatient Services/Surgery

You pay the following copays for Medicare-covered outpatient hospital or ambulatory surgical center (ASC) surgical procedures. Outpatient hospital and ASC visits have a combined annual out-of-pocket limit. Once the limit is met, you pay \$0 for additional Medicare-covered outpatient hospital or ASC surgical services for the remainder of the year.

- **HMO** – \$150 per visit/\$300 out-of-pocket limit
- **HMO Rx (HMO)** – \$175 per visit/\$350 out-of-pocket limit
- **HMO Rx Enhanced (HMO)** – \$100 per visit/\$200 out-of-pocket limit

### 15. Emergency Care

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

Under Original Medicare, you are not always covered for medical emergencies outside the United States. UPMC *for Life* members have worldwide coverage through **Assist America**<sup>®</sup>. You can obtain emergency services whenever you're more than 100 miles from home or in another country. You pay \$50 copay for all emergency room visits (copay waived if admitted within 3 days).

## 20. Diabetes Self-Monitoring, Training, Nutrition Therapy, and Supplies

UPMC *for Life* covers Lifescan<sup>®</sup> and Bayer diabetic supplies. If these supplies do not work with your current monitor, UPMC *for Life* will supply you with a Bayer or Lifescan monitor for no additional cost. Diabetic supplies can be purchased from retail pharmacies or from Express Scripts, Inc., our mail-order pharmacy. You pay the following copays for diabetic supplies:

- **HMO and HMO Rx (HMO)**
  - 31-day supply – \$10 for lancets/\$20 for test strips
  - 90-day supply (retail) – \$30 for lancets/\$60 for test strips
  - 90-day supply (mail) – \$25 for lancets/\$50 for test strips
- **HMO Rx Enhanced (HMO)**
  - 31-day supply – \$10 for lancets/\$15 for test strips
  - 90-day supply (retail) – \$30 for lancets/\$45 for test strips
  - 90-day supply (mail) – \$25 for lancets/\$37.50 for test strips

## 21. Diagnostic Tests, X-rays, Lab Services, and Radiology Services

In addition to the copays noted below for lab or x-ray services, a separate office visit copay may apply when services are performed during a physician office visit. If you see your PCP, then the PCP copay applies; otherwise the specialist office visit copay applies.

*Please refer to 8. Doctor Office Visits (page 12) for copay amounts.*

- **HMO and HMO Rx (HMO)**
  - \$0 for labs, diagnostic lab tests, and radiation
  - \$20 for general x-rays
  - \$60 for MRI, MRA, CT Scans, PET Scans, and Stress Tests

## 21. Diagnostic Tests, X-rays, Lab Services, and Radiology Services (continued)

- **HMO Rx Enhanced (HMO)**
  - \$0 for labs, diagnostic lab tests, and radiation
  - \$20 for general x-rays
  - \$50 for MRI, MRA, CT Scans, PET Scans, and Stress Tests
  - The HMO Rx Enhanced Plan also has a \$200 out-of-pocket limit. Once the limit is met, you pay \$0 for additional diagnostic tests, labs, or x-rays.

## 22. Bone Mass Measurement

## 23. Colorectal Screening Exams

## 25. Mammograms

## 26. Pap Smears and Pelvic Exams

## 27. Prostate Cancer Screening Exams

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

You pay \$0 copay for the preventive services listed above; however, a separate office visit copay may apply when services are performed during a physician office visit. If you see your PCP, then the PCP copay applies; otherwise the specialist office visit copay applies.

*Please refer to 8. Doctor Office Visits (page 12) for copay amounts.*

**Colorectal Screening Exams Note:** A separate outpatient hospital or ambulatory surgical center copay may apply to screening colonoscopy or sigmoidoscopy tests. *Please refer to 13. Outpatient Services/Surgery (page 14) for copay amounts.*

## 24. Immunizations

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

You pay \$0 copay for flu, pneumonia, and Hepatitis B vaccines; however, a separate office visit copay may apply when services are performed during a physician office visit. If you see your PCP, then the PCP copay applies; otherwise the specialist office visit copay applies.

*Please refer to 8. Doctor Office Visits (page 12) for copay amounts.*

Other vaccines and their administration fees, such as the Zoster (shingles) vaccine, are covered under your Part D prescription drug coverage. **Note:** The (HMO) plan does **not** have Part D prescription drug coverage, so no coverage exists for Part D vaccines/fees.

## 29. Prescription Drugs – Part B drugs

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

Part B drugs that are received during a doctor office visit or outpatient/ASC visit, such as chemotherapy drugs or injections, will have a \$5 copay per drug, per visit/injection. **Example:** If you receive 2 drugs as part of your chemotherapy regimen, then your copay would be \$10 each time you have a treatment/visit.

Part B drugs that are received from a pharmacy (retail or mail-order) have a \$32 copay for a 31-day supply.

## 31. Hearing Services

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

You have coverage for Medicare-covered diagnostic hearing exams through your medical benefits. The specialist visit copay will apply.

*Please refer to 8. Doctor Office Visits (page 12) for the specialist copay amount.*

## 31. Hearing Services (*continued*)

### Routine Hearing Services:

You also have the following coverage:

- **HMO and HMO Rx (HMO)** – No additional coverage for routine hearing exams or hearing aids
- **HMO Rx Enhanced (HMO)**
  - \$30 copay for 1 routine hearing exam per year
  - \$30 copay for 1 hearing aid fitting/evaluation every 3 years
  - Up to a \$1,000 allowance for hearing aid(s) every 3 years

## 32. Vision Services

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

You have coverage for Medicare-covered eye exams to diagnose and treat diseases and conditions of the eyes (e.g., glaucoma screening once per year) and coverage for eyeglasses or contact lenses after cataract surgery through your medical benefits. You pay \$0 copay for Medicare-covered cataract glasses or contact lenses. The specialist office visit copay will apply to Medicare-covered eye exams.

*Please refer to 8. Doctor Office Visits (page 12) for the specialist copay amount.*

### Routine Vision Services

You also receive a routine vision allowance toward the cost of one eye exam and eyewear every two years. This routine vision allowance may be used for eye exams and eyewear from plan providers or non-plan providers. You may have to pay out-of-pocket and then submit a claim for payment of services provided by non-plan providers.

*Note: Eyewear does NOT include lens options, such as tints, progressives, transition lenses, polish, and insurance.*

- **HMO and HMO Rx (HMO)** - \$150 allowance every 2 years
- **HMO Rx Enhanced (HMO)** - \$200 allowance every 2 years.

### 33. Physical Exams

You may get one routine physical exam per year. The routine physical exam must be performed by your PCP. You are also eligible for a “Welcome to Medicare” physical exam during your first 12 months of Medicare Part B coverage. The copays for routine physical exams are as follows:

- **HMO and HMO Rx (HMO)**– \$15 PCP visit
- **HMO Rx Enhanced (HMO)** – \$5 PCP visit

### 34. Health/Wellness Education

- **HMO, HMO Rx, and HMO Rx Enhanced (HMO)**

UPMC *for Life* offers a variety of health and wellness education programs, including a 24 hour nurse advice line and fitness benefit available through Silver&Fit®.

- You can call *MyHealth* Nurse Advice Line at 1-866-918-1591 to ask questions or get advice about a medical issue. Experienced registered nurses are available 24/7.
- You pay \$0 copay for membership at a participating Silver&Fit® network fitness club. Or you can also take advantage of the Silver&Fit Home Fitness Program which provides you with DVDs, such as a walking kit, exercise kit, yoga, tai chi, aqua aerobics, and stress management.

### What Medical Services Require Prior Authorization

Except in an emergency, you or your doctor must obtain a prior authorization (approval in advance) from UPMC *for Life* before you receive certain services. Failure to get an authorization could result in significantly higher costs to you if the service is not covered or not medically necessary.

To obtain a prior authorization for the following services, call UPMC *for Life* at 1-877-539-3080, seven days a week from 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-361-2629.

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Transplants
- Durable Medical Equipment (only select DME equipment)
- Part B Drugs (only select Part B drugs)

**NOTE:** Contact UPMC *for Life* for specific DME or Part B drugs that require prior authorization.

To obtain a prior authorization for the following mental health or substance abuse services, call UPMC Health Plan Behavioral Health Services at 1-888-251-0083. TTY/TDD users should call 1-800-361-2629, Monday through Friday from 8 a.m. to 5:30 p.m and Saturday from 8 a.m. to noon.

- Inpatient Mental Health or Substance Abuse Care
- Partial Hospitalization or Intensive Outpatient Visits

## 29. Prescription Drug Coverage – Part D

**Part D prescription drug coverage is available with the HMO Rx and HMO Rx Enhanced (HMO) plans.** *(Note: Prescription drug coverage is not available with the UPMC for Life (HMO) plan.)*

The following provides a summary of your prescription drug coverage:

- You have NO deductible for your prescription drugs.
- Some prescription drugs may have additional requirements or limits on drugs (e.g., prior authorization, quantity limits, or step therapy); refer to your formulary for additional information.
- If the actual cost of your prescription drug is less than the copay amount for the drug, you will pay the actual cost, **not** the copay amount.

### Prescription Drug Copays:

- **31-Day Supply – Retail or Long-Term Care Pharmacy**
  - Tier 1 – Generic – \$5 copay
  - Tier 2 – Preferred Brand – \$32 copay
  - Tier 3 – Non-Preferred Brand – \$80 copay
  - Tier 4 – Specialty – 33% coinsurance
- **90-Day Supply – Retail Pharmacy**
  - Tier 1 – Generic – \$15 copay
  - Tier 2 – Preferred Brand – \$96 copay
  - Tier 3 – Non-Preferred Brand – \$240 copay
  - Tier 4 – Specialty – 33% coinsurance (31-day supply only)
- **90-Day Supply – Mail-Order Pharmacy**

*Mail-order must be purchased through Express Scripts, Inc.*

  - Tier 1 – Generic – \$12.50 copay
  - Tier 2 – Preferred Brand – \$80 copay
  - Tier 3 – Non-Preferred Brand – \$200 copay
  - Tier 4 – Specialty – 33% coinsurance (31-day supply only)

- **\$2,830 – Initial Coverage Limit**

After the total prescription drug costs paid by you and UPMC *for Life* reach \$2,830, you will pay 100% of your drug costs until you reach the drug out-of-pocket limit for the year.

- **\$4,550 – Out-of-Pocket Limit (TrOOP)**

The out-of-pocket limit is the total of your prescription drug costs for the year, including your copays/coinsurance, and 100% of your drug costs after the \$2,830 initial coverage limit is met.

*(Note: This limit does **not** include what UPMC for Life has paid.)*

- **Out-of-Network Coverage**

- Under limited circumstances you may obtain up to a 31-day supply of prescription drugs from an out-of-network pharmacy.
- If you use an out-of-network pharmacy, you may have to pay the full cost of the prescription at the point of sale. In addition to the copay (refer to 31-day supply), you are responsible for the difference between the UPMC *for Life* allowed amount and the pharmacy charge for out-of-network prescription drugs.
- You will need to submit a paper claim for payment to Express Scripts, Inc., Attn: Med D Accounts, P.O. Box 66752, St. Louis, MO 63166-6752.

- **Over-the-Counter (OTC) Medications**

- The following drugs are covered by UPMC *for Life* at 100% when purchased at a network pharmacy. A prescription for the drug is needed from your doctor. The costs of these drugs are not applied to your out-of-pocket limit (TrOOP).

*(Note: Only the generic OTC drugs listed are available.)*

- Omeprazole OTC – 20 mg Tablets
- Loratadine OTC – 10 mg Tablets or Liquid









# UPMC *for Life*

UPMC Health Plan Medicare Program

To find out more about  
UPMC *for Life*, call toll-free  
**1-877-381-3765**,  
8 a.m. to 8 p.m., seven  
days a week.

TTY/TDD users should call  
**1-800-361-2629**.

From March 2 through November 14,  
you may receive a messaging service on  
weekends and holidays. Please leave a  
message and your call will be returned  
the next business day.

## UPMC HEALTH PLAN

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112 Washington Place  
Pittsburgh, PA 15219

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