

2010  
**Summary of Benefits**

**PPO**  
Western Pennsylvania  
H5533



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

**2010 PPO**



**Section I: Introduction to the Summary of Benefits for  
UPMC *for Life* PPO High Deductible with Rx and PPO Rx Enhanced (PPO)  
January 1, 2010 – December 31, 2010  
Western Pennsylvania - Contract Number H5533**

Thank you for your interest in UPMC *for Life* PPO High Deductible with Rx and PPO Rx Enhanced (PPO). Our plan is offered by UPMC Health Network, Inc., a Medicare Advantage Preferred Provider Organization (PPO). 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may be able to join or leave a plan **only** at certain times. Please call UPMC *for Life* PPO High Deductible with Rx

and PPO Rx Enhanced (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

**HOW CAN I COMPARE MY OPTIONS?**

You can compare UPMC *for Life* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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* PPO HIGH DEDUCTIBLE WITH RX AND PPO RX ENHANCED (PPO) 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* PPO HIGH DEDUCTIBLE WITH RX AND PPO RX ENHANCED (PPO)?**

You can join UPMC *for Life* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) unless they are

members of our organization and have been since their dialysis began.

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

UPMC *for Life* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory, or for an up-to-date list visit us at [www.upmchealthplan.com/medicare/](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?**

You can go to doctors, specialists, or hospitals in- or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in- and/or out-of-network. For more information, please call the Customer Service number at the end of this introduction.

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

UPMC *for Life* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO), 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO), 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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 PPO High Deductible with Rx and PPO Rx Enhanced (PPO) 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®): 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* PPO High Deductible with Rx and PPO Rx Enhanced (PPO).  
Visit us at [www.upmchealthplan.com/medicare](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 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 for details.

### IMPORTANT INFORMATION

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<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 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.</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- and Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$2,000 yearly deductible. Contact the plan for services that apply.</li> <li>• \$3,400 out-of-pocket limit.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• This limit includes only Medicare-covered services.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• This limit includes only Medicare-covered services.</li> <li>• See page 39 for additional information about premium and other important information.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• \$211.50 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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$250 yearly deductible. Contact the plan for services that apply.</li> <li>• See page 39 for additional information about premium and other important information.</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
<p><b>2. Doctor and Hospital Choice</b></p> <p>(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>No referral required for network doctors, specialists, and hospitals.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>No referral required for network doctors, specialists, and hospitals.</li> </ul>

**SUMMARY OF BENEFITS**

<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC for Life PPO High Deductible with Rx (PPO)</b>	<b>UPMC for Life PPO Rx Enhanced (PPO)</b>
<b>INPATIENT CARE</b>			
<p><b>3. Inpatient Hospital Care</b></p> <p>(includes substance abuse and rehabilitation services)</p>	<p>In 2010, the amounts for each benefit period are:</p> <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 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.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay.</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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for each hospital stay.</li> <li>• See pages 39 and 43 for additional information about inpatient hospital care.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$100 copay for each Medicare-covered hospital stay.</li> <li>• \$0 copay for additional hospital days.</li> <li>• \$200 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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for each hospital stay.</li> <li>• See pages 39 and 43 for additional information about inpatient hospital care.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
4.	<b>Inpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• Same deductible and copays 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>• \$0 copay.</li> <li>• You get up to 190 days in a psychiatric hospital in a lifetime.</li> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for each hospital stay.</li> <li>• See pages 39 and 43 for additional information about inpatient mental health care.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$100 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> <li>• Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for each hospital stay.</li> <li>• See pages 39 and 43 for additional information about inpatient mental health care.</li> </ul>
5.	<b>Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> <li>• 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> </ul> </li> <li>• 100 days for each benefit period.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for SNF services.</li> <li>• Plan covers up to 100 days each benefit period.</li> <li>• No prior hospital stay is required.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <p>For SNF stays:</p> <ul style="list-style-type: none"> <li>• Days 1-10: \$25 copay per day.</li> <li>• Days 11-60: \$60 copay per day.</li> </ul>

<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
<b>Skilled Nursing Facility (continued)</b>	<ul style="list-style-type: none"> <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 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.</li> </ul>	<p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>20% of the cost for each SNF stay.</li> <li>See pages 39 and 43 for additional information about skilled nursing facility care.</li> </ul>	<ul style="list-style-type: none"> <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> <li>No prior hospital stay is required.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>20% of the cost for each SNF stay.</li> <li>See pages 39 and 43 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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered home health visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>20% for home health visits.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered home health visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>20% for 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>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>You must get care from a Medicare-certified hospice.</li> </ul>	<p><b>General</b></p> <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> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)	
<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>• \$16 copay for each primary care doctor visit for Medicare-covered benefits.</li> <li>• \$0 copay for each in-area, network urgent care Medicare-covered visit.</li> <li>• \$0 copay for each specialist visit for Medicare-covered benefits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% for each primary care doctor visit.</li> <li>• 20% for each specialist visit.</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> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for each primary care doctor visit.</li> <li>• \$45 copay for each specialist visit.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<p>9. <b>Chiropractic Services</b></p>	<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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered chiropractic visits.</li> <li>• up to 8 routine visits every year.</li> </ul> </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> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for chiropractic benefits.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for Medicare-covered visits.</li> <li>• \$30 copay for up to 8 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> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for chiropractic benefits.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
<b>10.</b>	<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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for: <ul style="list-style-type: none"> <li>• Medicare-covered podiatry visits.</li> <li>• up to 8 routine visits every year.</li> </ul> </li> <li>• Medicare-covered podiatry benefits are for medically necessary foot care.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for podiatry benefits.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered visit.</li> <li>• \$30 copay for up to 8 routine visits every year.</li> <li>• Medicare-covered podiatry benefits are for medically necessary foot care.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for podiatry benefits.</li> </ul>
<b>11.</b>	<b>Outpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• 45% coinsurance for most outpatient mental health services.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered mental health visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for mental health benefits.</li> <li>• 20% of the cost for mental health benefits with a psychiatrist.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for each Medicare-covered individual or group therapy visit.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for mental health benefits.</li> <li>• \$45 copay for mental health benefits with a psychiatrist.</li> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
<b>12.</b>	<b>Outpatient Substance Abuse Care</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for outpatient substance abuse benefits.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for Medicare-covered individual or group visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for outpatient substance abuse benefits.</li> </ul>
<b>13.</b>	<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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>• \$0 copay for each Medicare-covered outpatient hospital facility visit.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for ambulatory surgical center benefits.</li> <li>• 20% of the cost for outpatient hospital facility benefits.</li> <li>• See page 40 for additional information about outpatient services/surgery.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$60 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>• \$60 copay for each Medicare-covered outpatient hospital facility visit.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for ambulatory surgical center benefits.</li> <li>• 20% of the cost for outpatient hospital facility benefits.</li> <li>• See page 40 for additional information about outpatient services/surgery.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
<b>14.</b>	<b>Ambulance Services</b> (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered ambulance benefits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for ambulance benefits.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$100 copay for Medicare-covered ambulance benefits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for ambulance benefits.</li> </ul>
<b>15.</b>	<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>	<p><b>General</b></p> <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 40 for additional information about emergency care.</li> </ul>	<p><b>General</b></p> <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 40 for additional information about emergency care.</li> </ul>
<b>16.</b>	<b>Urgently Needed Care</b> (This is NOT 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>	<p><b>General</b></p> <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>	<p><b>General</b></p> <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>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
<p><b>17. Outpatient Rehabilitation Services</b> (occupational therapy, physical therapy, speech and language therapy)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered occupational therapy visits.</li> <li>• \$0 copay for Medicare-covered physical and/or speech/language therapy visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for occupational therapy benefits.</li> <li>• 20% of the cost for physical and/or speech/language therapy visits.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$20 copay for Medicare-covered occupational therapy visits.</li> <li>• \$20 copay for Medicare-covered physical and/or speech/language therapy visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for occupational therapy benefits.</li> <li>• 20% of the cost for physical and/or speech/language therapy visits.</li> </ul>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>			
<p><b>18. Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered items.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 50% of the cost for durable medical equipment.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for Medicare-covered items.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 50% of the cost for durable medical equipment.</li> </ul>

Benefit		Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
19.	<b>Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> <li>20% coinsurance.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered items.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>50% of the cost for prosthetic devices.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>20% of the cost for Medicare-covered items.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>50% of the cost for prosthetic devices.</li> </ul>
20.	<b>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>	<p><b>In-Network</b></p> <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>\$0 copay for diabetes supplies.</li> <li>Separate office visit cost-sharing of \$0 to \$16 copay may apply.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>50% of the cost for diabetes self-monitoring training.</li> <li>50% of the cost for nutrition therapy for diabetes.</li> <li>50% of the cost for diabetes supplies.</li> <li>See page 40 for additional information about diabetes self-monitoring training, nutrition therapy, and supplies.</li> </ul>	<p><b>In-Network</b></p> <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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>50% of the cost for diabetes self-monitoring training.</li> <li>50% of the cost for nutrition therapy for diabetes.</li> <li>50% of the cost for diabetes supplies.</li> <li>See page 40 for additional information about diabetes self-monitoring training, nutrition therapy, and supplies.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
21.	<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<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>• Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</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> <li>• x-rays,</li> <li>• diagnostic radiology services (not including x-rays),</li> <li>• therapeutic radiology services.</li> </ul> </li> <li>• Separate office visit cost-sharing of \$0 to \$16 may apply.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for diagnostic procedures, tests, and lab services.</li> <li>• 20% of the cost for therapeutic radiology services.</li> <li>• 20% of the cost for outpatient x-rays.</li> <li>• 20% of the cost for diagnostic radiology services.</li> <li>• See page 40 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 lab services, diagnostic procedures, and tests.</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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for diagnostic procedures, tests, and lab services.</li> <li>• 20% of the cost for therapeutic radiology services.</li> <li>• 20% of the cost for outpatient x-rays.</li> <li>• 20% of the cost for diagnostic radiology services.</li> <li>• See page 40 for additional information about diagnostic tests, x-rays, lab services and radiology services.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)	
<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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered bone mass measurement.</li> <li>• Separate office visit cost-sharing of \$0 to \$16 may apply.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for Medicare-covered bone mass measurement.</li> <li>• See page 41 for additional information about bone mass measurement.</li> </ul>	<p><b>In-Network</b></p> <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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for Medicare-covered bone mass measurement.</li> <li>• See page 41 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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered colorectal screenings.</li> <li>• Separate office visit cost-sharing of \$0 to \$16 may apply.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for colorectal screenings.</li> <li>• See page 41 for additional information about colorectal screening exams.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 to \$60 copay for Medicare-covered colorectal screenings.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 may apply.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for colorectal screenings.</li> <li>• See page 41 for additional information about colorectal screening exams.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</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> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for immunizations.</li> <li>• See page 41 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> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• \$0 copay for immunizations.</li> <li>• See page 41 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 \$0 to \$16 may apply.</li> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 20% of the cost for screening mammograms.</li> <li>• See page 41 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> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 20% of the cost for screening mammograms.</li> <li>• See page 41 for additional information about mammograms.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
26.	<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 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>• Separate office visit cost-sharing of \$0 to \$16 may apply.</li> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 20% of the cost for Pap smears and pelvic exams.</li> <li>• See page 41 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 smears and pelvic exams every year.</li> <li>• Separate office visit cost-sharing of \$5 to \$30 may apply.</li> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 20% of the cost for Pap smears and pelvic exams.</li> <li>• See page 41 for additional information about Pap smears and pelvic exams.</li> </ul>
27.	<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 \$0 to \$16 may apply.</li> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 20% of the cost for prostate cancer screening.</li> <li>• See page 41 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> </ul> <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 20% of the cost for prostate cancer screening.</li> <li>• See page 41 for additional information about prostate cancer screening exams.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
28.	<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>	<p><b>In-Network</b></p> <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> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for renal dialysis.</li> <li>• 50% of the cost for nutrition therapy for end-stage renal disease.</li> </ul>	<p><b>In-Network</b></p> <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> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for renal dialysis.</li> <li>• 50% of the cost for nutrition therapy for end-stage renal disease.</li> </ul>
29.	<b>Prescription Drugs</b>	<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>• \$0 copay for Part B covered drugs.</li> <li>• 20% of the cost for Part B drugs out-of-network.</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.</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 \$30 copay for Part B covered chemotherapy drugs and other Part B-covered drugs.</li> <li>• 20% of the cost for Part B drugs out-of-network.</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.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs</b> <b>(continued)</b>		<p>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.</p> <ul style="list-style-type: none"> <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> <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> </ul>	<p>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.</p> <ul style="list-style-type: none"> <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> <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> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<ul style="list-style-type: none"> <li>• Your provider must get prior authorization from UPMC <i>for Life</i> PPO High Deductible with Rx (PPO) for certain drugs.</li> <li>• The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</li> <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</li> </ul>	<ul style="list-style-type: none"> <li>• Your provider must get prior authorization from UPMC <i>for Life</i> PPO Rx Enhanced (PPO) for certain drugs.</li> <li>• The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</li> <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</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<p><i>for Life</i> PPO High Deductible with Rx (PPO) approves the exception, you will pay Tier 3 – Non-Preferred Brand cost-sharing for that drug.</p> <ul style="list-style-type: none"> <li>• See pages 41, 43 and 44 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> <hr/> <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><i>for Life</i> PPO Rx Enhanced (PPO) approves the exception, you will pay Tier 3 – Non-Preferred Brand cost-sharing for that drug.</p> <ul style="list-style-type: none"> <li>• See pages 41, 43 and 44 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> <hr/> <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> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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 supply (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> </ul>	<p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$90 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>• \$85 copay for a one-month (31-day) supply of drugs in this tier.</li> <li>• \$255 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 supply (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>• \$30 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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 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>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$85 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>• \$75 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>• \$212.50 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>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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>	<p><b>Coverage Gap</b></p> <ul style="list-style-type: none"> <li>• The plan covers many generics (65%-99% of formulary generic drugs) though the coverage gap.</li> <li>• You pay the following:</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 all formulary generics drugs covered in this tier.</li> <li>• \$15 copay for a three-month (90-day) supply of all formulary generics drugs covered in this tier.</li> </ul> <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 all formulary generics drugs covered in this tier.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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>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 all formulary generics drugs covered in this tier.</li> <li>• Please contact the plan for a complete list of drugs covered through the gap.</li> <li>• <b>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</b></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> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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> PPO High Deductible with Rx (PPO).</li> </ul> <hr/> <p><b>Out-of-Network Initial Coverage</b></p> <p>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:</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>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> PPO Rx Enhanced (PPO).</li> </ul> <hr/> <p><b>Out-of-Network Initial Coverage</b></p> <p>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:</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> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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 drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UPMC <i>for Life</i> PPO High Deductible with Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> PPO High Deductible with Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>	<p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>\$30 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>\$85 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>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</li> </ul> <p><b>Tier 1 – Generic</b></p> <ul style="list-style-type: none"> <li>\$5 copay for a one-month supply (31-day) supply of all formulary generics drugs covered in this tier.</li> </ul> <p><b>Tier 2 – Preferred Brand</b></p> <ul style="list-style-type: none"> <li>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>		<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>drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UPMC <i>for Life</i> PPO Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> PPO Rx Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 3 – Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UPMC <i>for Life</i> PPO Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> PPO Rx Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
<b>Prescription Drugs (continued)</b>			<p><b>Tier 4 – Specialty</b></p> <ul style="list-style-type: none"> <li>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by UPMC <i>for Life</i> PPO Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to UPMC <i>for Life</i> PPO Rx Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <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> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
30.	Dental Services	<ul style="list-style-type: none"> <li>Preventive dental services (such as cleaning) not covered.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$0 copay for Medicare-covered dental benefits.</li> <li>In general, preventive dental benefits (such as cleaning) not covered.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>20% of the cost for comprehensive dental benefits.</li> </ul>	<p><b>In-Network</b></p> <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> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>\$45 copay for comprehensive dental benefits.</li> </ul>

Benefit	Original Medicare	UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)	UPMC <i>for Life</i> PPO Rx Enhanced (PPO)
31.	<b>Hearing Services</b>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>In general, routine hearing exams and hearing aids not covered.</li> <li>\$0 copay for Medicare-covered diagnostic hearing exams.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>20% of the cost for hearing exams.</li> </ul>	<p><b>In-Network</b></p> <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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>\$45 copay for hearing exams.</li> <li>50% of the cost for hearing aid(s).</li> <li>See pages 41 and 42 for additional information about hearing services.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</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 diagnosis and treatment for diseases and conditions of the eye. <ul style="list-style-type: none"> <li>• and up to 1 routine eye exam every two years.</li> </ul> </li> <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>• \$250 limit for eye exams and eyewear every two years.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for eye exams.</li> <li>• 20% of the cost for eyewear.</li> <li>• See page 42 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>• \$250 limit for eye exams and eyewear every two years.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for eye exams.</li> <li>• 20% of the cost for eyewear.</li> <li>• See page 42 for additional information about vision services.</li> </ul>

	<b>Benefit</b>	<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
33.	<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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for routine exams.</li> <li>• Limited to 1 exam every year.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for routine exams.</li> <li>• See page 42 for additional information about physical exams.</li> </ul>	<p><b>In-Network</b></p> <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> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for routine exams.</li> <li>• See page 42 for additional information about physical exams.</li> </ul>
34.	<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>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• The 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>• \$0 copay for each Medicare-covered smoking cessation counseling session.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• The 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> </ul>

<b>Benefit</b>		<b>Original Medicare</b>	<b>UPMC <i>for Life</i> PPO High Deductible with Rx (PPO)</b>	<b>UPMC <i>for Life</i> PPO Rx Enhanced (PPO)</b>
	<b>Health/Wellness Education (continued)</b>		<b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 50% of the cost for health and wellness services.</li> <li>• See page 42 for additional information about health/wellness education.</li> </ul>	<b>Out-of-Network</b> <ul style="list-style-type: none"> <li>• 50% of the cost for health and wellness services.</li> <li>• See page 42 for additional information about 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>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>

## 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. The PPO High Deductible with Rx plan is noted as **PPO HD with Rx (PPO)** throughout this section.

### 1. Other Important Information

#### Out-of-Pocket Limit

You have added protection with UPMC *for Life* PPO 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.*

- **PPO Rx Enhanced (PPO)** – \$3,200 annual in-network limit (excludes out-of-network services)
- **PPO HD with Rx (PPO)** – \$3,400 annual combined limit (in- and out-of-network services apply to the limit)

#### Deductible

You pay the following deductible in the UPMC *for Life* PPO plans.

*Note: Part D drugs, routine hearing, routine vision services and health and wellness (fitness benefit) are excluded from the deductible.*

- **PPO Rx Enhanced (PPO)** – \$250 out-of-network deductible
- **PPO HD with Rx (PPO)** – \$2,000 combined deductible (in- and out-of-network services apply to the deductible). Once the deductible is met you pay \$0 for additional Medicare-covered services, unless it is one of the deductible exclusions listed.

**In addition to the above noted exclusions, the following services are excluded from the PPO HD with Rx deductible:**

- PCP visits (primary care physicians)
- Emergency care
- Immunizations (flu, pneumonia, Hepatitis B)
- Mammograms

### 3. Inpatient Hospital Care; and

### 4. Inpatient Mental Health Care

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

- **PPO Rx Enhanced (PPO) – In-network:** \$100 per stay/\$200 annual out-of-pocket limit. Once the out-of-pocket limit is met you pay \$0 for additional Medicare-covered stays  
**Out-of-network:** 20% coinsurance after the deductible is met
- **PPO HD with Rx (PPO) – In-network:** \$0 per stay after the deductible has been met  
**Out-of-network:** 20% coinsurance after the deductible is met

### 5. Skilled Nursing Facility (SNF)

You pay the following cost-sharing for Medicare-covered SNF stays. 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.

- **PPO Rx Enhanced (PPO) – In-network:** Copays per day – \$25 for days 1-10/\$60 for days 11-60/\$0 for days 61-100 and a \$3,200 out-of-pocket limit. Once the out-of-pocket limit is met, you pay \$0 for additional Medicare-covered stays  
**Out-of-network:** 20% coinsurance after the deductible is met
- **PPO HD with Rx (PPO) – In-network:** \$0 per stay after the deductible has been met  
**Out-of-network:** 20% coinsurance after the deductible is met

### 13. Outpatient Services/Surgery

You pay the following cost-sharing for Medicare-covered outpatient hospital or ambulatory surgical center (ASC) surgical procedures.

- **PPO Rx Enhanced (PPO) – In-network:** \$60 per visit/\$120 annual out-of-pocket limit. Once the out-of-pocket limit is met you pay \$0 for additional Medicare-covered stays  
**Out-of-network:** 20% coinsurance after the deductible is met
- **PPO HD with Rx (PPO) – In-network:** \$0 per visit after the deductible has been met  
**Out-of-network:** 20% coinsurance after the deductible is met

### 15. Emergency Care

- **PPO Rx Enhanced and PPO HD with Rx (PPO)**

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 (in- or out-of-network) for emergency room visits (copay waived if admitted within 3 days).

- **PPO HD with Rx (PPO)** – Emergency room visits are also excluded from the deductible.

### 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 cost-sharing for diabetic supplies:

### 20. Diabetes Self-Monitoring, Training, Nutrition Therapy, and Supplies (*continued*)

- **PPO Rx Enhanced (PPO)**  
**In-network:**
  - 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**Out-of-network:** 50% coinsurance after the deductible is met
- **PPO HD with Rx (PPO) – In-network:** \$0 for supplies after the deductible has been met  
**Out-of-network:** 50% coinsurance after the deductible is met

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

In addition to the cost-sharing 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 11) for copay amounts.*

- **PPO Rx Enhanced (PPO)**  
**In-network:**
  - \$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 PPO 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.**Out-of-network:** 20% coinsurance after the deductible is met
- **PPO HD with Rx (PPO) – In-network:** \$0 for labs and x-rays after the deductible has been met  
**Out-of-network:** 20% coinsurance after the deductible is met

## 22. Bone Mass Measurement

## 23. Colorectal Screening Exams

## 25. Mammograms

## 26. Pap Smears and Pelvic Exams

## 27. Prostate Cancer Screening Exams

You pay the following cost-sharing 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 11) for copay amounts.*

- **PPO Rx Enhanced (PPO) – In-network:** \$0 copay  
**Out-of-network:** 20% coinsurance after the deductible is met
- **PPO HD with Rx (PPO) – In-network:** \$0 copay after the deductible is met (mammograms are excluded from the deductible)  
**Out-of-network:** 20% coinsurance after the deductible is met

### Colorectal Screening Exams Note:

You pay the above noted cost-sharing for a colorectal screening exam, such as a fecal occult blood test. 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

- **PPO Rx Enhanced and PPO HD with Rx (PPO)**

**In- or Out-of-network:** 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. Immunizations are excluded from the deductible.

*Please refer to 8. Doctor Office Visits (page 11) for copay amounts.*

## 24. Immunizations (continued)

Other vaccines and their administration fees, such as the Zoster (shingles) vaccine, are covered under your Part D prescription drug coverage.

## 29. Prescription Drugs – Part B drugs

Part B drugs that you receive during a doctor office visit or outpatient/ASC visit, such as chemotherapy drugs or injections will have the following cost-sharing:

- **PPO Rx Enhanced (PPO) – In-network:** \$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.

**In-network:** Part B drugs that are oral medications (taken by mouth) received from a pharmacy (retail or mail-order) will have a \$30 copay for a 31-day supply.

**Out-of-network:** 20% coinsurance after the deductible is met

- **PPO HD with Rx (PPO) – In-network:** \$0 copay after the deductible is met

**Out-of-network:** 20% coinsurance after the deductible is met

## 31. Hearing Services

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 11) for the specialist copay amount.*

### Routine Hearing Services:

You have the following routine hearing coverage:

- **PPO Rx Enhanced (PPO)**  
**In-network:**
  - \$30 copay for 1 routine hearing exam per year

### 31. Hearing Services *(continued)*

- \$30 copay for 1 hearing aid fitting/evaluation every 3 years
- Up to a \$1,000 allowance for hearing aid(s) every 3 years

**Out-of-network:** 50% coinsurance for routine exams and hearing aids and up to \$1,000 allowance for hearing aid(s) every 3 years

- **PPO HD with Rx (PPO)**

- No additional coverage for routine hearing exams or hearing aids

### 32. Vision Services

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. The specialist office visit copay will apply to Medicare-covered eye exams.

*Please refer to 8. Doctor Office Visits (page 11) 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 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.*

- **PPO Rx Enhanced (PPO)** – \$250 allowance every 2 years
- **PPO HD with Rx (PPO)** – \$250 allowance every 2 years

### 33. Physical Exams

You may get one routine physical exam per year. 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:

- **PPO Rx Enhanced (PPO) – In-network:** \$5 visit

**Out-of-network:** \$45 visit

- **PPO HD with Rx (PPO) – In-network:** \$0 for a visit after the deductible is met

**Out-of-network:** 20% coinsurance after the deductible is met

### 34. Health/Wellness Education

- **PPO Rx Enhanced and PPO HD with Rx (PPO)**

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<sup>®</sup>.

- 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.
- **In-network:** You pay \$0 copay for membership at a participating Silver&Fit<sup>®</sup> 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.

**Out-of-network :** 50% coinsurance (excluded from the deductible)

## 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.

**Note: A prior authorization is NOT required for out-of-network services but UPMC *for Life* encourages you to still obtain one.**

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 a 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

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:

#### PPO Rx Enhanced (PPO)

- **31-Day Supply – Retail or Long-Term Care Pharmacy**
  - Tier 1 – Generic – \$5 copay
  - Tier 2 – Preferred Brand – \$30 copay
  - Tier 3 – Non-Preferred Brand – \$85 copay
  - Tier 4 – Specialty – 33% coinsurance
- **90-Day Supply – Retail Pharmacy**
  - Tier 1 – Generic – \$15 copay
  - Tier 2 – Preferred Brand – \$90 copay
  - Tier 3 – Non-Preferred Brand – \$255 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 – \$75 copay
  - Tier 3 – Non-Preferred Brand – \$212.50 copay
  - Tier 4 – Specialty – 33% coinsurance (31-day supply only)

## 29. Prescription Drug Coverage – Part D *(continued)*

### PPO HD with Rx (PPO)

- **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**

- **PPO Rx Enhanced (PPO)**

When your total prescription drug costs paid by you and UPMC *for Life* reach \$2,830, you will have coverage for Tier 1 – Generic drugs in the coverage gap.

- \$5 copay up to a 31-day supply at a retail pharmacy
- \$15 copay up to a 90-day supply at a retail pharmacy
- \$12.50 copay up to a 90-day supply from our mail-order pharmacy

- **\$2,830 - Initial Coverage Limit *(continued)***

- **PPO HD with Rx (PPO)**

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

One Chatham Center  
112 Washington Place  
Pittsburgh, PA 15219

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