

# 2025 Plan Compare Guide

Adams, Centre, Clinton, Fulton, Juniata, Lebanon, Mifflin, Montour,  
Perry, Potter, Snyder, Sullivan, and Union counties



## Find a better Medicare plan for you

**Could you get better value, better quality,  
or save more money? Let's find out.**

Use this guide to compare your plan options with UPMC *for Life*  
or shop our plans online at [upmchp.us/medicareplans](https://upmchp.us/medicareplans).



**HERE'S THE  
PLAN**

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

# A better Medicare Advantage plan looks like UPMC *for Life*



**Plans start at \$0** per month with benefits that help you save money and get more value.



**PPO plans** give you flexible out-of-network access at an affordable price.



**NEW! \$100 back in your monthly Social Security check** with the UPMC *for Life* PPO Essential Care Rx (PPO) plan. That's \$1,200 back in your pocket each year.



All plans with Part D prescription coverage have **\$0 copays for Tier 1 and Tier 2 drugs** at preferred retail and mail-order pharmacies.



**Dental, vision, and hearing benefits:** Coverage for dental services, a vision allowance to use on eyeglasses or contacts, and a great discount on hearing aids.



**The UPMC *for Life* Flex Spend Card** to help pay for care that supports your health and wellness.

## Here are all the ways you can use the UPMC *for Life* Flex Spend Card:

- **Dental, vision, and hearing services** to cover any out-of-pocket expenses
- **Medical services and doctor's office costs** (copays, coinsurance, and deductibles)
- **NEW! Premier fitness locations** outside of the SilverSneakers® fitness network
- **NEW! Fitness kits** to choose from based on your needs
- **Over-the-counter products** from participating stores and through mail order
- **NEW! Home safety products** through our mail-order catalog

## Your dollars, your choice

For more information about using the UPMC *for Life* Flex Spend Card, visit our website at [upmchp.us/flex-spend-card](https://upmchp.us/flex-spend-card) or scan this code:



*The UPMC for Life Flex Spend Card allowance is not a quarterly allowance, and it does not roll over from year to year. If you choose a plan with this benefit, we will mail your UPMC for Life Flex Spend Card and instructions on using it before your plan effective date.*

# Access to doctors and hospitals you know and trust

**It's important to have access to the doctors and hospitals you use for care.** With UPMC *for Life*, you have access to all the doctors and hospitals of UPMC, plus additional hospitals and health care providers across Pennsylvania and out of state.



**58,800 doctors and specialists**



**330 hospitals and facilities**



**330 urgent care centers**



**Coverage in your community and across the state**

## Check your doctors



### Go online

To find a doctor, hospital, pharmacy, or other health care provider, go to [upmchealthplan.com/find](https://upmchealthplan.com/find) or scan this code. Click on the **I'm Just Browsing** tab and fill out the dropdowns to find what you want.



### Call us

We can help you find what you're looking for over the phone. Call us toll-free at **1-844-361-1663\* (TTY: 711\*)**.



## You're covered when traveling

### Emergency and urgent care

UPMC *for Life* members are covered for emergency room and urgent care visits anywhere in the U.S.

### Travel Concierge Program<sup>1</sup>

UPMC *for Life* members enrolled in an HMO plan have in-network coverage when traveling to **Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.**

### Global emergency medical assistance when you travel

You can get emergency medical assistance when you travel more than 100 miles from home or even to another country.

Benefit	UPMC for Life PPO Essential Care Rx (PPO)
<b>Plan premium</b>	\$0 per month; \$100 Medicare Part B premium reduction per month
<b>Prescription drug coverage</b>	Yes, UPMC for Life Premier Rx Formulary
<b>Primary care provider (PCP)</b> (in-office and telehealth)	<b>IN:</b> \$0 per visit (deductible does not apply) <b>OUT:</b> \$0 per visit after deductible (telehealth not covered)
<b>Specialist</b> (in-office and telehealth)	<b>IN:</b> \$45 per visit (deductible does not apply) <b>OUT:</b> 40% of the cost per visit after deductible (telehealth not covered)
<b>Inpatient hospital</b>	<b>IN:</b> \$380 per day (days 1-5); \$0 per day (days 6 and beyond) after deductible <b>OUT:</b> 40% of the cost per stay after deductible
<b>Outpatient surgery</b>	<b>IN:</b> \$380 per surgery after deductible <b>OUT:</b> 40% of the cost per surgery after deductible
<b>Emergency care</b>	<b>IN/OUT:</b> \$110 per visit (deductible does not apply)
<b>Urgent care</b>	<b>IN/OUT:</b> \$45 per visit (deductible does not apply)
<b>Physical therapy</b>	<b>IN:</b> \$35 per visit after deductible <b>OUT:</b> 40% of the cost per visit after deductible
<b>Lab services</b>	<b>IN:</b> \$10 per day per facility (deductible does not apply) <b>OUT:</b> 40% of the cost after deductible
<b>Durable medical equipment</b>	<b>IN:</b> 20% of the cost (deductible does not apply) <b>OUT:</b> 40% of the cost (deductible does not apply)
<b>Diabetes supplies</b>	<b>IN:</b> \$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization) (deductible does not apply) <b>OUT:</b> 40% of the cost after deductible
<b>Annual deductible</b>	<b>IN/OUT:</b> \$500 for applicable services
<b>Maximum out-of-pocket</b> —Your out-of-pocket spending limit for the year—this is not a deductible	<b>IN:</b> \$8,000 for Medicare-covered services, including copays and coinsurance <b>IN/OUT:</b> \$11,500 for Medicare-covered services, including copays and coinsurance
<b>Dental<sup>2</sup></b>	<b>IN:</b> \$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months (deductible does not apply); <b>OUT:</b> 40% of the cost (deductible does not apply); <b>IN/OUT:</b> \$2,600 maximum dental allowance with 50% coinsurance per year
<b>Vision<sup>3</sup></b>	<b>IN:</b> \$0 for one routine vision exam and one contact lens fitting exam per year (deductible does not apply); <b>OUT:</b> 40% of the cost (deductible does not apply); <b>IN/OUT:</b> \$200 allowance for eyeglasses or contact lenses per year
<b>Hearing<sup>4</sup></b>	<b>IN:</b> \$0 for one routine hearing exam and one hearing aid fitting per year (deductible does not apply) <b>OUT:</b> 40% of the cost (deductible does not apply) <b>IN:</b> You pay \$690-\$1,890 for one hearing aid per ear per year.
<b>UPMC for Life Flex Spend Card</b>	\$150 allowance per year to spend on dental, vision, and hearing services; \$150 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. These allowances do not roll over from year to year.

UPMC for Life PPO Premier Rx (PPO)	UPMC for Life PPO Rx Choice (PPO)
\$0 per month; \$54 Medicare Part B premium reduction per month	\$19 per month
Yes, UPMC for Life Premier Rx Formulary	Yes, UPMC for Life Advantage Rx Formulary
<b>IN:</b> \$0 per visit <b>OUT:</b> \$0 per visit (telehealth not covered)	<b>IN:</b> \$0 per visit <b>OUT:</b> \$0 per visit (telehealth not covered)
<b>IN:</b> \$30 per visit <b>OUT:</b> \$30 per visit (telehealth not covered)	<b>IN:</b> \$30 per visit; <b>OUT:</b> \$30 per visit (telehealth not covered)
<b>IN:</b> \$170 per day (days 1-7); \$0 per day (days 8 and beyond) <b>OUT:</b> \$250 per day (days 1-7); \$0 per day (days 8 and beyond)	<b>IN:</b> \$325 per stay <b>OUT:</b> \$400 per stay
<b>IN:</b> \$325 per surgery <b>OUT:</b> \$400 per surgery	<b>IN:</b> \$250 per surgery <b>OUT:</b> \$350 per surgery
<b>IN/OUT:</b> \$125 per visit	<b>IN/OUT:</b> \$125 per visit
<b>IN/OUT:</b> \$55 per visit	<b>IN/OUT:</b> \$55 per visit
<b>IN:</b> \$35 per visit <b>OUT:</b> \$35 per visit	<b>IN:</b> \$30 per visit <b>OUT:</b> \$30 per visit
<b>IN:</b> \$10 per day per facility <b>OUT:</b> \$10 per day per facility	<b>IN:</b> \$0 per day per facility <b>OUT:</b> \$10 per day per facility
<b>IN:</b> 20% of the cost <b>OUT:</b> 30% of the cost	<b>IN:</b> 20% of the cost <b>OUT:</b> 20% of the cost
<b>IN:</b> \$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization) <b>OUT:</b> 30% of the cost	<b>IN:</b> \$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization) <b>OUT:</b> 20% of the cost
No deductible	No deductible
<b>IN:</b> \$6,700 for Medicare-covered services, including copays and coinsurance <b>IN/OUT:</b> \$10,000 for Medicare-covered services, including copays and coinsurance	<b>IN:</b> \$6,000 for Medicare-covered services, including copays and coinsurance <b>IN/OUT:</b> \$9,550 for Medicare-covered services, including copays and coinsurance
<b>IN:</b> \$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; <b>OUT:</b> 30% of the cost; <b>IN/OUT:</b> \$5,000 maximum dental allowance with 50% coinsurance per year	<b>IN:</b> \$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; <b>OUT:</b> 20% of the cost; <b>IN/OUT:</b> \$5,000 maximum dental allowance with 50% coinsurance per year
<b>IN:</b> \$0 for one routine vision exam and one contact lens fitting exam per year; <b>OUT:</b> 30% of the cost; <b>IN/OUT:</b> \$250 allowance for eyeglasses or contact lenses per year	<b>IN:</b> \$0 for one routine vision exam and contact lens fitting exam per year; <b>OUT:</b> 20% of the cost; <b>IN/OUT:</b> \$300 allowance for eyeglasses or contact lenses per year
<b>IN:</b> \$0 for one routine hearing exam and one hearing aid fitting per year <b>OUT:</b> 30% of the cost <b>IN:</b> You pay \$690-\$1,890 for one hearing aid per ear per year.	<b>IN:</b> \$0 for one routine hearing exam and one hearing aid fitting per year <b>OUT:</b> 20% of the cost; <b>IN:</b> You pay \$690-\$1,890 for one hearing aid per ear per year.
\$250 allowance per year to spend on dental, vision, and hearing services; \$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. These allowances do not roll over from year to year.	\$250 allowance per year to spend on dental, vision, and hearing services; \$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. These allowances do not roll over from year to year.

UPMC <i>for Life</i> HMO Rx Choice (HMO)	UPMC <i>for Life</i> HMO Rx (HMO)
\$35 per month	\$90 per month; \$1 Medicare Part B premium reduction per month
Yes, UPMC <i>for Life</i> Advantage Rx Formulary	Yes, UPMC <i>for Life</i> Advantage Rx Formulary
\$0 per visit	\$0 per visit
\$35 per visit	\$25 per visit
\$395 per stay	\$295 per stay
\$250 per surgery	\$200 per surgery
\$125 per visit	\$125 per visit
\$55 per visit	\$55 per visit
\$35 per visit	\$25 per visit
\$5 per day per facility	\$0 per day per facility
20% of the cost	20% of the cost
\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)
No deductible	No deductible
\$6,000 for Medicare-covered services, including copays and coinsurance	\$4,500 for Medicare-covered services, including copays and coinsurance
\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$5,000 maximum dental allowance with 50% coinsurance per year	\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$5,000 maximum dental allowance with 30% coinsurance per year
\$0 for one routine vision exam and one contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year	\$0 for one routine vision exam and one contact lens fitting exam per year; \$225 allowance for eyeglasses or contact lenses per year
\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690-\$1,890 for one hearing aid per ear per year.	\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690-\$1,890 for one hearing aid per ear per year.
\$250 allowance per year to spend on dental, vision, and hearing services; \$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. These allowances do not roll over from year to year.	\$500 allowance per year to spend on dental, vision, and hearing services; \$500 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. These allowances do not roll over from year to year.

<b>UPMC for Life HMO No Rx (HMO)</b>
\$0 per month; \$110 Medicare Part B premium reduction per month
No prescription drug coverage
\$0 per visit
\$25 per visit
\$300 per stay
\$225 per surgery
\$125 per visit
\$55 per visit
\$25 per visit
\$0 per day per facility
20% of the cost
\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)
No deductible
\$5,000 for Medicare-covered services, including copays and coinsurance
\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$3,000 maximum dental allowance with 50% coinsurance per year
\$0 for one routine vision exam and one contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year
\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690-\$1,890 for one hearing aid per ear per year.
\$250 allowance per year to spend on dental, vision, and hearing services; \$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. These allowances do not roll over from year to year.

# Have questions? We're here for you!



**Work with a UPMC *for Life* Medicare Advisor** to get the answers and information you need. We can also help you enroll in a plan over the phone. Call us toll-free at **1-844-361-1663\* (TTY: 711).**\*



**Visit our website at [upmchp.us/medicareplans](https://upmchp.us/medicareplans).** Shop our plans and enroll online, search for your doctors, learn about extra benefits, or chat with us.



**Find an upcoming meeting at [upmchp.us/medicaremeetings](https://upmchp.us/medicaremeetings).** Learn more at a meeting with one of our licensed Medicare Advisors. You can also call us to find an upcoming meeting.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

Out-of-network/Noncontracted providers are under no obligation to treat UPMC *for Life* members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

\*You can call us **Oct. 1** through **March 31** seven days a week from 8 a.m. to 8 p.m. From **April 1** to **Sept. 30**, you can reach us Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

<sup>1</sup>The Travel Concierge Program is applicable only in the states of Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee. HMO members will be charged in-network cost sharing for covered services received from any provider that accepts Medicare. PPO plan members will be charged out-of-network cost sharing as applicable for covered services received from nonparticipating providers. All members are charged the applicable cost sharing for emergency and urgent care as listed in the Evidence of Coverage.

<sup>2</sup>Members must use a participating dental provider. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the dental allowance are excluded from the yearly deductible, if applicable, and do not count toward the annual maximum out-of-pocket.

<sup>3</sup>The routine vision allowance does not apply to glasses after cataract surgery. It is excluded from the yearly deductible, if applicable, and does not count toward your annual maximum out-of-pocket.

<sup>4</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid discount. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count toward your annual maximum out-of-pocket.



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

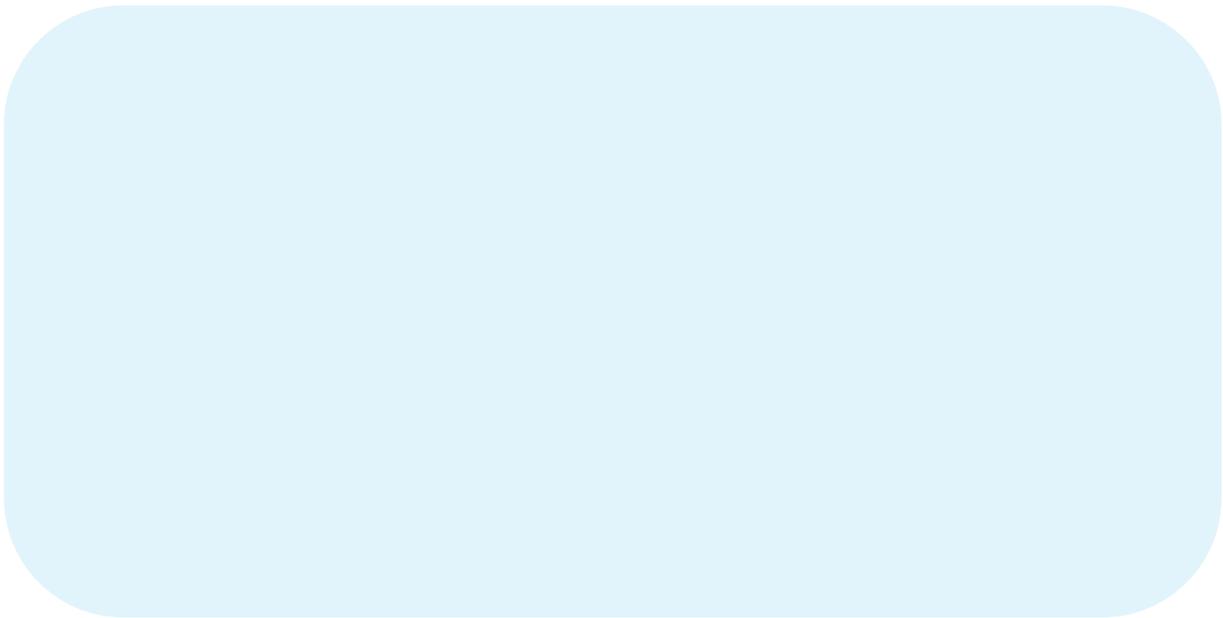
# Your 2025 Enrollment Kit

Centre, Clinton, Montour, Potter, Snyder, Sullivan, and Union  
Counties



**HERE'S THE  
PLAN**

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



## Have questions? **Ready** to enroll?



### **Call us.**

**1-844-361-1663 (TTY: 711)**

You can meet with a licensed Medicare Advisor over the phone, virtually, or in person. Call us to schedule an appointment today.

**Oct. 1 - March 31** seven days a week from 8 a.m. to 8 p.m.

**April 1 - Sept. 30** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.



### **Shop online.**

Learn more about Medicare, compare plan costs, and chat with us live. Go to **[upmchealthplan.com/medicare](https://upmchealthplan.com/medicare)** or scan this code to get started:



Centre, Clinton, Montour, Potter, Snyder, Sullivan, and Union  
Counties

## What's in your enrollment kit

Use the tools below to help you find the plan that best fits your needs.



**Plan comparison guide**—Compare our plans and learn about the extra benefits and services you could be getting with UPMC *for Life*.



**Drug list**—Learn about Medicare prescription drug coverage and view the most commonly used prescription drugs covered by our plans.



**Medicare basics**—Learn about the parts of Medicare and when you can enroll.



**Summary of Benefits**—Review detailed information about plan benefits.



**Additional information**—Use the pre-enrollment checklist to understand what you need to know before enrolling, review plan Star Ratings, and learn about UPMC *for Life's* privacy policy.



**Enrollment**—Apply for enrollment by filling out the application in this booklet. Mail the form back to us in the postage-paid envelope provided.



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## Get help sorting through your Medicare options with UPMC *for Life*

**Choosing a Medicare plan is an important decision.** We're here to help you every step of the way. Make sure you have the information you need to make the right choice. Our knowledgeable Medicare Advisors can help you understand Medicare, answer your questions, and help you enroll. We can make it easy to compare plans, estimate costs, and find your doctors.

### Here are some easy ways to learn more and enroll:



#### Review your plan options with a Medicare Advisor.

Ask any questions you might have over the phone or meet with us in person at the time and location of your choosing. We can also help you enroll over the phone or in person.

Call us toll-free at **1-844-361-1663\*** (TTY: 711).\*



#### Visit our website at [upmchp.us/medicareplans](https://upmchp.us/medicareplans).

Shop our plans, enroll online, search for your doctors, learn about extra benefits, and chat with us live.



#### Find an upcoming meeting at [upmchp.us/medicaremeetings](https://upmchp.us/medicaremeetings).

Learn more at a meeting with one of our licensed Medicare Advisors. You can also call us to find an upcoming meeting.



For accommodations of persons with special needs at meetings, call **1-844-361-1663 (TTY: 711)** seven days a week from 8 a.m. to 8 p.m.\*

\*You can call us Oct. 1 through March 31 seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can reach us Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

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**UPMC HEALTH PLAN**

[upmchealthplan.com/medicare](https://upmchealthplan.com/medicare)



**58,800** doctors  
and specialists



**330** hospitals  
and facilities



**330** urgent  
care centers



**Coverage** in your  
community and  
across the state

## In-network hospitals and facilities for UPMC for Life HMO and PPO plans

### Within Pennsylvania

#### Allegheny

Heritage Valley Health System -  
Heritage Valley Kennedy  
Heritage Valley Health System -  
Heritage Valley Sewickley  
Jefferson Hospital  
PAM Health Specialty Hospital  
of Pittsburgh  
Select Specialty Hospital - McKeesport  
Select Specialty Hospital - Pittsburgh  
UPMC  
St. Clair Hospital  
UPMC Children's Hospital of Pittsburgh  
UPMC East  
UPMC Magee-Womens Hospital  
UPMC McKeesport  
UPMC Mercy  
UPMC Montefiore  
UPMC Passavant - McCandless  
UPMC Presbyterian  
UPMC St. Margaret  
UPMC Shadyside  
UPMC Western Psychiatric Hospital

#### Armstrong

ACMH Hospital

#### Beaver

Heritage Valley Health System -  
Heritage Valley Beaver  
PAM Health Specialty Hospital of  
Heritage Valley

#### Bedford

UPMC Bedford

#### Berks

Reading Hospital  
Penn State Health St. Joseph  
Medical Center  
Surgical Institute of Reading

#### Blair

Conemaugh Nason Medical Center  
Penn Highlands Tyrone  
UPMC Altoona

#### Bradford

Guthrie Robert Packer Hospital  
Guthrie Towanda Memorial Hospital  
Guthrie Troy Community Hospital

#### Bucks

Doylestown Hospital  
Grand View Hospital  
Jefferson Bucks Hospital  
Rothman Orthopaedic Specialty  
Hospital  
St. Luke's Quakertown Campus  
St. Luke's Upper Bucks Campus  
St. Mary Medical Center

#### Butler

Butler Memorial Hospital  
UPMC Passavant - Cranberry

#### Cambria

Conemaugh Memorial Medical Center  
Conemaugh Miners Medical Center  
Select Specialty Hospital - Johnstown

#### Carbon

Lehigh Valley Hospital  
St. Luke's Carbon Campus  
St. Luke's Lehighton Campus

#### Centre

Mount Nittany Medical Center

#### Chester

Bryn Mawr Rehab Hospital  
Paoli Hospital  
Phoenixville Hospital

#### Clarion

Clarion Hospital

#### Clearfield

Penn Highlands Clearfield  
Penn Highlands DuBois

#### Clinton

Bucktail Medical Center  
UPMC Lock Haven

#### Crawford

Meadville Medical Center  
Titusville Area Hospital

#### Cumberland

Penn State Health Hampden  
Medical Center  
Penn State Health Holy Spirit  
Medical Center  
Select Specialty Hospital - Central PA,  
Camp Hill  
UPMC Carlisle  
UPMC West Shore

#### Dauphin

Penn State Health Children's Hospital  
Penn State Health Milton S. Hershey  
Medical Center  
Select Specialty Hospital - Harrisburg  
UPMC Community Osteopathic  
UPMC Harrisburg

#### Delaware

Bryn Mawr Hospital  
Crozer-Chester Medical Center  
Kindred Hospital Philadelphia -  
Havertown  
Riddle Hospital  
Mercy Fitzgerald Hospital  
Springfield Hospital  
Taylor Hospital

#### Elk

Penn Highlands Elk

#### Erie

AHN Saint Vincent  
Corry Memorial Hospital  
Millcreek Community Hospital  
Select Specialty Hospital - Erie  
UPMC Hamot

#### Fayette

Penn Highlands Connellsville  
Uniontown Hospital

#### Fulton

Fulton County Medical Center

#### Greene

UPMC Greene

#### Huntingdon

Penn Highlands Huntingdon

#### Indiana

Indiana Regional Medical Center

#### Jefferson

Penn Highlands Brookville  
Punxsutawney Area Hospital

#### Lackawanna

Lehigh Valley Hospital - Dickson City  
Moses Taylor Hospital  
Regional Hospital of Scranton

**Lancaster**

Lancaster General Hospital  
 Lancaster General Women & Babies  
 Hospital  
 Penn State Health Lancaster  
 Medical Center  
 UPMC Lititz

**Lawrence**

UPMC Jameson

**Lehigh**

Lehigh Valley Hospital – 17th Street  
 Lehigh Valley Hospital – Cedar Crest  
 Lehigh Valley Hospital – Coordinated  
 Health Allentown  
 Lehigh Valley Reilly Children's Hospital  
 St. Luke's Allentown Campus  
 St. Luke's Orthopedic Hospital West  
 End Campus  
 St. Luke's Sacred Heart Campus

**Luzerne**

Lehigh Valley Hospital – Hazleton  
 PAM Health Specialty Hospital of  
 Wilkes-Barre  
 Wilkes-Barre General Hospital

**Lycoming**

UPMC Muncy  
 UPMC Williamsport

**McKean**

Bradford Regional Medical Center  
 UPMC Kane

**Mercer**

AHN Grove City  
 Edgewood Surgical Hospital  
 Sharon Regional Health System  
 UPMC Horizon – Greenville  
 UPMC Horizon – Shenango Valley

**Mifflin**

Geisinger Lewistown Hospital

**Monroe**

Lehigh Valley Hospital – Pocono  
 St. Luke's Monroe Campus

**Montgomery**

Einstein Medical Center Montgomery  
 Holy Redeemer Hospital  
 Jefferson Abington Hospital  
 Jefferson Lansdale Hospital  
 Lankenau Medical Center  
 Pottstown Hospital



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This information is subject to change. For the most up-to-date  
 information, visit [upmchealthplan.com/find](https://upmchealthplan.com/find).

**Northampton**

Good Shepherd Specialty Hospital  
 Lehigh Valley Hospital – Hecktown  
 Oaks  
 Lehigh Valley Hospital – Muhlenberg  
 LVHN – Coordinated Health  
 Bethlehem  
 St. Luke's Anderson Campus  
 St. Luke's Easton Campus  
 St. Luke's University Hospital –  
 Bethlehem

**Philadelphia**

Chestnut Hill Hospital  
 Einstein Medical Center Philadelphia  
 Fox Chase Cancer Center  
 Jefferson Frankford Hospital  
 Jefferson Hospital for Neuroscience  
 Jefferson Methodist Hospital  
 Jefferson Torresdale Hospital  
 Kindred Hospital Philadelphia  
 Kensington Hospital  
 Nazareth Hospital  
 St. Christopher's Hospital for Children  
 Temple University Hospital –  
 Episcopal Campus  
 Temple University Hospital –  
 Jeanes Campus  
 Temple University Hospital – Main  
 Campus  
 Thomas Jefferson University Hospital  
 Wills Eye Hospital

**Potter**

UPMC Cole

**Schuylkill**

Geisinger St. Luke's Hospital  
 Lehigh Valley Hospital – Schuylkill  
 E. Norwegian Street  
 S. Jackson Street  
 St. Luke's Miners Campus

**Somerset**

Chan Soon-Shiong Medical Center  
 at Windber  
 Conemaugh Meyersdale  
 Medical Center  
 UPMC Somerset

**Susquehanna**

Barnes-Kasson Hospital  
 Endless Mountains Health Systems

**Tioga**

UPMC Wellsboro

**Union**

Wellspan Evangelical Community  
 Hospital

**Venango**

UPMC Northwest

**Warren**

Warren General Hospital

**Washington**

Penn Highlands Mon Valley  
 UPMC Washington

**Wayne**

Wayne Memorial Hospital

**Westmoreland**

Frick Hospital  
 Latrobe Hospital  
 Select Specialty Hospital –  
 Laurel Highlands  
 Westmoreland Hospital

**York**

OSS Orthopaedic Hospital  
 Select Specialty Hospital – York  
 UPMC Hanover  
 UPMC Memorial

## Our plans provide coverage even when traveling!

**Travel Concierge Program**

UPMC *for Life* members enrolled in an HMO plan have in-network coverage when traveling to Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee. You pay the same cost sharing when seeing providers in these states as you do in-network at home.

**Global emergency medical assistance when you travel**

Assist America provides emergency medical assistance when you travel more than 100 miles from home or even to another country. Help is available 24 hours a day, 365 days a year, anywhere in the world.

## UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street  
 Pittsburgh, PA 15219

[upmchealthplan.com](https://upmchealthplan.com)





# DRUG LIST





# 2025 UPMC *for Life* Top 200 Drug List

This is a list of the most used prescription drugs for our UPMC *for Life* plans.



## 1-844-361-1663 (TTY: 711)

**Oct. 1 – March 31:** Seven days a week from 8 a.m. to 8 p.m.

**April 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.



**Search** for your medications using our prescription drug tool at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage).

## Here are some things you should know about this drug list:

- BRAND-NAME drugs are CAPITALIZED.
- *Generic drugs* are in lowercase italics. Some generic drugs are in a preferred brand or non-preferred drug tier. Be sure to check the drug tier listed next to the drug.
- Drug tier descriptions:
  - **T1:** Tier 1 Preferred generic
  - **T2:** Tier 2 Generic
  - **T3:** Tier 3 Preferred brand
  - **T4:** Tier 4 Non-preferred
  - **T5:** Tier 5 Specialty
- Some UPMC *for Life* plans have a different formulary. See the descriptions below to understand which plans are included in each formulary.

**Premier Rx:** The **gray-shaded column** lists the tier for these UPMC *for Life* plans:

- UPMC *for Life* HMO Premier Rx (HMO)
- UPMC *for Life* PPO Essential Care Rx (PPO)
- UPMC *for Life* PPO Premier Rx (PPO)

**Advantage Rx:** The **non-shaded column** lists the tier for these UPMC *for Life* plans:

- UPMC *for Life* PPO Rx Choice (PPO)
- UPMC *for Life* HMO Rx Choice (HMO)
- UPMC *for Life* HMO Rx (HMO)
- UPMC *for Life* HMO Deductible Rx (HMO)
- UPMC *for Life* PPO High Deductible Rx (HMO)
- UPMC *for Life* PPO Rx Enhanced (PPO)
- UPMC *for Life* HMO Rx Enhanced (HMO)

**This is a partial list. This is not a complete list of the prescription drugs we cover.**

A through Z					
Drug Name	Premier Rx Plans	All Other Plans	Drug Name	Premier Rx Plans	All Other Plans
<b>A</b>					
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic Proair), 90 mcg/actuation (generic Proventil)</i>	T2	T2	<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	T3	T2
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	T1	T1	<i>azelastine ophthalmic (eye) drops</i>	T3	T2
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T2	T2	<b>B</b>		
<i>alprazolam oral tablet</i>	T3	T3	<i>baclofen oral tablet 10 mg, 20 mg</i>	T4	T3
<i>amiodarone oral tablet 100 mg, 400 mg</i>	T3	T3	<i>benazepril oral tablet</i>	T1	T1
<i>amiodarone oral tablet 200 mg</i>	T2	T2	<i>benztropine oral tablet</i>	T2	T2
<i>amitriptyline oral tablet</i>	T2	T2	<i>bisoprolol fumarate oral tablet</i>	T2	T2
<i>amlodipine oral tablet</i>	T1	T1	BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	T3	T3
<i>amlodipine-benazepril oral capsule</i>	T1	T1	<i>bumetanide oral tablet</i>	T3	T2
<i>amoxicillin oral capsule</i>	T2	T2	<i>buprenorphine hcl sublingual tablet</i>	T2	T2
<i>amoxicillin oral tablet</i>	T2	T2	<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	T1	T1
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	T3	T2	<i>bupropion hcl oral tablet extended release 24hr 150 mg, 300 mg</i>	T3	T2
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	T4	T4	<i>bupropion hcl oral tablet sustained-release 12hr 150 mg</i>	T3	T2
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T2	T2	<i>bupropion hcl oral tablet 10 mg, 15 mg, 5 mg</i>	T2	T2
<i>anastrozole oral tablet</i>	T2	T2	<i>bupropion hcl oral tablet 30 mg, 7.5 mg</i>	T4	T2
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	T3	T3	<b>C</b>		
<i>aripiprazole oral tablet</i>	T3	T3	<i>calcitriol oral capsule</i>	T3	T3
<i>atenolol oral tablet</i>	T1	T1	<i>carbidopa-levodopa oral tablet</i>	T1	T1
<i>atorvastatin oral tablet</i>	T1	T1	<i>cartia xt oral capsule, extended release 24hr</i>	T2	T2
			<i>carvedilol oral tablet</i>	T2	T2
			<i>cefdinir oral capsule</i>	T2	T2

CAPITALIZED = BRAND NAME

lowercase italics = generic drug

Drug Name	Premier Rx Plans	All Other Plans
<i>celecoxib oral capsule</i>	T3	T3
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T2	T2
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	T2	T2
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	T2
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T2	T2
<i>citalopram oral tablet</i>	T1	T1
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T2	T2
<i>clobetasol scalp solution</i>	T3	T2
<i>clobetasol topical cream</i>	T3	T2
<i>clobetasol topical gel</i>	T4	T3
<i>clobetasol topical ointment</i>	T3	T2
<i>clobetasol-emollient topical cream</i>	T3	T3
<i>clonazepam oral tablet</i>	T3	T3
<i>clonidine hcl oral tablet</i>	T2	T2
<i>clopidogrel oral tablet 75 mg</i>	T1	T1
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	T2
<i>cyclosporine ophthalmic (eye) dropperette</i>	T2	T2
<b>D</b>		
<i>diazepam oral tablet</i>	T3	T3
<i>diclofenac sodium ophthalmic (eye) drops</i>	T2	T2
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	T3	T3
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	T2	T2
<i>dicyclomine oral capsule</i>	T2	T2
<i>dicyclomine oral tablet</i>	T2	T2

Drug Name	Premier Rx Plans	All Other Plans
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	T2
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	T2
<i>divalproex oral tablet, delayed release (dr/ec)</i>	T2	T2
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	T2
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	T2	T2
<i>doxazosin oral tablet</i>	T2	T2
<i>doxycycline hyclate oral capsule 100 mg</i>	T2	T2
<i>doxycycline hyclate oral capsule 50 mg</i>	T3	T3
<i>doxycycline hyclate oral tablet 100 mg</i>	T2	T2
<i>doxycycline hyclate oral tablet 20 mg</i>	T3	T3
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	T2
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	T2	T2
<i>doxycycline monohydrate oral tablet 50 mg</i>	T3	T3
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	T3	T3
<b>E</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK	T3	T3
ELIQUIS ORAL TABLET	T3	T3
<i>enalapril maleate oral tablet</i>	T1	T1
ENTRESTO ORAL TABLET	T3	T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans
<b>E</b>		
<i>escitalopram oxalate oral tablet</i>	T2	T2
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec)</i>	T3	T3
<i>euthyrox oral tablet</i>	T1	T1
<i>ezetimibe oral tablet</i>	T3	T3
<b>F</b>		
<i>famotidine oral tablet 20 mg, 40 mg</i>	T2	T2
FARXIGA ORAL TABLET	T3	T2
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T3	T3
<i>fenofibrate nanocrystallized oral tablet</i>	T3	T3
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T3	T3
<i>finasteride oral tablet 5 mg</i>	T2	T2
<i>fluconazole oral tablet 100 mg, 200 mg</i>	T3	T2
<i>fluconazole oral tablet 150 mg, 50 mg</i>	T2	T2
<i>fluoxetine oral capsule</i>	T2	T2
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE	T3	T3
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	T3	T3
<i>fluticasone propionate nasal spray, suspension</i>	T2	T2
<i>fluticasone propionate topical cream</i>	T2	T2
<i>fluticasone propionate topical ointment</i>	T2	T2

Drug Name	Premier Rx Plans	All Other Plans
FLUTICASONE PROPIONATE SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	T2
<i>furosemide oral tablet</i>	T2	T2
<b>G</b>		
<i>gabapentin oral capsule</i>	T3	T3
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T3	T3
<i>glimepiride oral tablet</i>	T1	T1
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	T1
<i>glipizide oral tablet extended release 24hr</i>	T1	T1
GLYXAMBI ORAL TABLET	T3	T2
<b>H</b>		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	T3	T3
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	T3
<i>hydralazine oral tablet</i>	T2	T2
<i>hydrochlorothiazide oral capsule</i>	T1	T1
<i>hydrochlorothiazide oral tablet</i>	T1	T1
<i>hydroxychloroquine oral tablet 200 mg</i>	T3	T2
<i>hydroxyzine hcl oral tablet</i>	T2	T2
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3	T2
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T2	T2
<b>I</b>		
<i>ibu oral tablet 600 mg, 800 mg</i>	T2	T2

CAPITALIZED = BRAND NAME

*lowercase italics = generic drug*

Drug Name	Premier Rx Plans	All Other Plans
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T2	T2
INSULIN LISPRO SUBCUTANEOUS SOLUTION	T3	T3
<i>irbesartan oral tablet</i>	T1	T1
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	T2	T2
<b>J</b>		
<i>jantoven oral tablet</i>	T2	T2
JARDIANCE ORAL TABLET	T3	T2
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	T3	T2
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
<b>K</b>		
<i>ketoconazole oral tablet</i>	T3	T3
<i>ketoconazole topical cream</i>	T3	T3
<i>ketoconazole topical shampoo</i>	T2	T2
<b>L</b>		
<i>labetalol oral tablet</i>	T3	T2
<i>lamotrigine oral tablet</i>	T2	T2
<i>lansoprazole oral capsule, delayed release (dr/ec)</i>	T3	T3
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN	T3	T3
<i>latanoprost ophthalmic (eye) drops</i>	T1	T1
<i>levetiracetam oral tablet</i>	T3	T2
<i>levocetirizine oral tablet</i>	T2	T2
<i>levothyroxine oral tablet</i>	T1	T1
LINZESS ORAL CAPSULE	T3	T3
<i>lisinopril oral tablet</i>	T1	T1

Drug Name	Premier Rx Plans	All Other Plans
<i>lisinopril-hydrochlorothiazide oral tablet</i>	T1	T1
<i>lorazepam intensol oral concentrate</i>	T4	T3
<i>lorazepam oral tablet</i>	T3	T3
<i>losartan oral tablet</i>	T1	T1
<i>losartan-hydrochlorothiazide oral tablet</i>	T1	T1
<i>lovastatin oral tablet</i>	T1	T1
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	T3
<b>M</b>		
<i>meclizine oral tablet 25 mg</i>	T2	T2
<i>meloxicam oral tablet</i>	T2	T2
<i>memantine oral tablet</i>	T3	T2
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	T1
<i>metformin oral tablet extended release 24hr (generic Glucophage XR)</i>	T1	T1
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T2	T2
<i>methotrexate sodium injection solution</i>	T1	T1
<i>methotrexate sodium oral tablet</i>	T1	T1
<i>methylprednisolone oral tablets, dose pack</i>	T2	T2
<i>metoprolol succinate oral tablet extended release 24hr</i>	T2	T2
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	T1
<i>metronidazole oral tablet</i>	T2	T2
<i>metronidazole topical cream</i>	T4	T3
<i>metronidazole topical gel 0.75 %</i>	T4	T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans
<b>M</b>		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	T4	T3
<i>mirabegron oral tablet extended release 24hr</i>	T3	T3
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T2	T2
<i>mirtazapine oral tablet 7.5 mg</i>	T3	T3
<i>mirtazapine oral tablet, disintegrating</i>	T3	T3
<i>montelukast oral tablet</i>	T2	T2
<b>MOUNJARO SUBCUTANEOUS PEN INJECTOR</b>	T3	T2
<i>mupirocin topical ointment</i>	T2	T2
<b>MYBETRIQ ORAL SUSPENSION, EXTENDED REL RECON</b>	T3	T3
<b>N</b>		
<i>naloxone nasal spray, non-aerosol</i>	T1	T1
<i>naproxen oral tablet</i>	T2	T2
<i>nifedipine oral tablet extended release</i>	T2	T2
<i>nitroglycerin sublingual tablet</i>	T3	T2
<i>nitroglycerin transdermal patch 24hr</i>	T2	T2
<i>nitroglycerin translingual spray, non-aerosol</i>	T4	T4
<i>nortriptyline oral capsule</i>	T2	T2
<i>nystatin topical cream</i>	T2	T2
<i>nystatin topical ointment</i>	T2	T2
<i>nystatin topical powder</i>	T3	T2
<b>O</b>		
<i>olanzapine oral tablet</i>	T3	T2

Drug Name	Premier Rx Plans	All Other Plans
<i>olmesartan oral tablet</i>	T1	T1
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	T2	T2
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T2	T2
<i>oseltamivir oral capsule</i>	T3	T3
<i>oxybutynin chloride oral syrup</i>	T2	T2
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	T2
<i>oxybutynin chloride oral tablet extended release 24hr</i>	T2	T2
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)</b>	T3	T2
<b>P</b>		
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	T2	T2
<i>paroxetine hcl oral tablet</i>	T2	T2
<i>peg 3350-electrolytes oral recon soln</i>	T1	T1
<i>peg-electrolyte oral recon soln</i>	T1	T1
<i>penicillin v potassium oral tablet</i>	T2	T2
<i>pioglitazone oral tablet</i>	T1	T1
<i>potassium chloride oral capsule, extended release</i>	T2	T2
<i>potassium chloride oral tablet extended release</i>	T2	T2
<i>pravastatin oral tablet</i>	T1	T1
<i>prednisolone acetate ophthalmic (eye) drops, suspension</i>	T2	T2
<i>prednisone oral tablet</i>	T2	T2
<i>pregabalin oral capsule</i>	T3	T3

CAPITALIZED = BRAND NAME

lowercase italics = generic drug

Drug Name	Premier Rx Plans	All Other Plans
PREMARIN ORAL TABLET	T3	T3
PREMARIN VAGINAL CREAM	T3	T3
<i>prochlorperazine maleate oral tablet</i>	T3	T3
<i>propranolol oral tablet</i>	T2	T2
<b>Q</b>		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T3	T2
<i>quinapril oral tablet</i>	T1	T1
<b>R</b>		
<i>raloxifene oral tablet</i>	T3	T2
<i>ramipril oral capsule</i>	T1	T1
<i>repaglinide oral tablet</i>	T1	T1
<i>risperidone oral tablet</i>	T2	T2
<i>ropinirole oral tablet</i>	T2	T2
<i>rosuvastatin oral tablet</i>	T1	T1
RYBELSUS ORAL TABLET	T3	T2
<b>S</b>		
<i>saxagliptin oral tablet</i>	T2	T2
<i>saxagliptin-metformin oral tablet, er multiphase 24hr</i>	T2	T2
<i>sertraline oral tablet</i>	T2	T2
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T1	T1
<i>simvastatin oral tablet</i>	T1	T1
<i>solifenacin oral tablet</i>	T3	T3
<i>sotalol oral tablet</i>	T2	T2
SPIRIVA RESPIMAT INHALATION MIST	T3	T3
<i>spironolactone oral tablet</i>	T2	T2
<i>sucralfate oral tablet</i>	T2	T2

Drug Name	Premier Rx Plans	All Other Plans
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	T2	T2
<i>sumatriptan succinate oral tablet</i>	T1	T1
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	T3	T2
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	T3	T2
SYNJARDY ORAL TABLET	T3	T2
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
SYNTHROID ORAL TABLET	T3	T3
<b>T</b>		
<i>tamsulosin oral capsule</i>	T2	T2
<i>temazepam oral capsule 15 mg, 30 mg</i>	T3	T3
<i>terazosin oral capsule</i>	T2	T2
<i>timolol maleate ophthalmic (eye) drops</i>	T2	T2
<i>tiotropium bromide inhalation capsule, w/ inhalation device</i>	T2	T2
<i>tizanidine oral tablet</i>	T2	T2
<i>tolterodine oral capsule, extended release 24hr</i>	T3	T3
<i>topiramate oral tablet</i>	T2	T2
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN	T3	T3
TRADJENTA ORAL TABLET	T3	T2
<i>tramadol oral tablet 50 mg</i>	T3	T3
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T2	T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans
<b>T</b>		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T3	T3
<i>triamcinolone acetonide dental paste</i>	T3	T3
<i>triamcinolone acetonide topical cream</i>	T2	T2
<i>triamcinolone acetonide topical lotion</i>	T2	T2
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	T2
<i>triamterene-hydrochlorothiazid oral capsule</i>	T1	T1
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	T1
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
TRULICITY SUBCUTANEOUS PEN INJECTOR	T3	T2
<b>V</b>		
<i>valacyclovir oral tablet</i>	T3	T3
<i>valsartan oral tablet</i>	T1	T1
<i>valsartan-hydrochlorothiazide oral tablet</i>	T1	T1

Drug Name	Premier Rx Plans	All Other Plans
<i>venlafaxine oral capsule, extended release 24hr</i>	T2	T2
VENTOLIN HFA AEROSOL INHALER	T3	T3
<i>verapamil oral tablet extended release</i>	T2	T2
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	T3	T2
<b>W</b>		
<i>warfarin oral tablet</i>	T2	T2
<b>X</b>		
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK	T3	T3
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	T3	T3
XARELTO ORAL TABLET	T3	T3
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	T3	T3
<b>Z</b>		
<i>zolpidem oral tablet</i>	T3	T3

Some drugs have special rules for coverage. To see if your drug has special rules for coverage, use our searchable prescription drug tool at [upmchp.us/prescription-coverage](https://upmchp.us/prescription-coverage) or call us at the phone number on the first page of this drug list. Talk to your doctor to decide if you should switch to another drug that we cover or make a coverage request.

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**UPMC HEALTH PLAN**

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# MEDICARE BASICS



# The four parts of Medicare

Medicare is a federal health insurance program. It's for people who are 65 years old and older or for those of any age who have certain disabilities or illness. This insurance helps people pay for things like doctor visits, hospital stays, lab work, x-rays, and more. **There are four parts of Medicare:**

## PART A

Covers inpatient hospital costs.

## PART B

Covers outpatient medical costs.



## PART C (MEDICARE ADVANTAGE PLANS)

Combines Part A, Part B, and sometimes Part D into one plan. With a Medicare Advantage plan, you receive your Medicare coverage through a private insurance company.

**With a Medicare Advantage plan, you can also get additional benefits and services that Original Medicare does not cover, including:**

- **Hearing, dental, and vision coverage.**
- **Emergency medical assistance while traveling outside the U.S.**
- **Fitness memberships.**
- **An allowance to buy health care products.**

## PART D

Provides prescription drug coverage. You can get Part D included in your Medicare Advantage plan or through a standalone Part D plan from a private insurance company.

# When can I enroll?

The first time you enroll in Medicare is called the **Initial Coverage Election Period (ICEP)**. Most people get an ICEP when they turn 65 and enroll in Medicare Parts A and B. Below is a typical timeline of when you can enroll when turning 65.



You can change your coverage every year.

**Annual Election Period:**

Oct. 15 - Dec. 7

**Open Enrollment Period:**

Jan. 1 - Mar. 31

**Lock-in Period:**

Apr. 1 - Oct. 14  
Dec. 8 - Dec. 31

## Want to understand more about the basics of Medicare?

Scan this code to visit our website at **[upmchp.us/medicare-basics](https://upmchp.us/medicare-basics)** and find more information about the enrollment process, the four parts of Medicare, and prescription drug coverage:



# Health care words to know

Here's a list of commonly used words and definitions that can help you understand Medicare and your coverage options.

## Coinsurance

A percentage of the cost you pay when you receive covered services or supplies (for example, 20%).

## Deductible

A set amount you pay for covered services before your plan begins to pay. Not all plans have a deductible, and not all services apply.

## In-network (IN)

A doctor, hospital, facility, or other provider that participates in the UPMC *for Life* network.

## Health maintenance organization (HMO)

A type of Medicare Advantage plan that uses a network of participating doctors and hospitals for your care and coverage.

## Copay

A set amount you pay when you receive a covered service or supply (for example, you may have a \$5 copay for a doctor's visit).

## Maximum out-of-pocket

This is the most you will have to pay during the coverage year for covered medical services. Once you reach this limit, your plan will pay all costs for covered medical services.

*This does not apply to services such as dental, vision, hearing, and Part D prescription drug costs.*

## Out-of-network (OUT)

A doctor, hospital, facility, or other provider that does not participate in the UPMC *for Life* network.

## Preferred provider organization (PPO)

A type of Medicare Advantage plan that offers coverage for services received both in and out of the plan's provider network.

# Help with your Medicare costs

If you have limited income and resources, you may qualify for Extra Help, a Medicare program that can help cover the costs of Part D drugs, or other programs that can assist in paying for some of your out-of-pocket costs.

For more details on the below programs, including income eligibility, visit [upmchp.us/extra-help](https://upmchp.us/extra-help) or use the camera on your phone to scan this QR code:



## To see if you qualify for Extra Help:

Call **1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)** 24 hours a day, 7 days a week, or visit [medicare.gov](https://www.medicare.gov).

Call **Social Security at 1-800-772-1213 (TTY: 1-800-325-0778)** Monday through Friday from 8 a.m. to 7 p.m.

## To see if you qualify for PACE or PACENET:

Call the Pennsylvania Department of Aging at **1-800-225-7223 (TTY: 1-800-222-9004)** weekdays from 8:30 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m. or enroll online at [pacecares.magellanhealth.com](https://pacecares.magellanhealth.com).

## To see if you qualify for Medical Assistance (Medicaid):

Call Medical Assistance at **1-800-692-7462 (TTY: 1-800-451-5886)** weekdays from 8:30 a.m. to 4:45 p.m.

## To see if you qualify for Veterans Administration (VA) benefits:

Go to your local VA facility or apply online at [VA.gov](https://www.va.gov).

UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., and UPMC Health Coverage Inc.



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# SUMMARY OF BENEFITS



# UPMC *for Life*

## 2025 Summary of Benefits

**Look inside to learn more about this plan:**  
UPMC *for Life* PPO Essential Care Rx (PPO)

PPO  
Summary of Benefits

**HERE'S THE  
PLAN**

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



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2025 – Dec. 31, 2025. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



**With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook that you received in the fall. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

This book includes a PPO (Preferred Provider Organization) plan. A Preferred Provider Organization plan is a Medicare Advantage Plan that has a network of contracted providers that have agreed to treat plan members for a specified payment amount. A PPO plan covers plan benefits whether they are received from network or out-of-network providers. Member cost-sharing will generally be higher when plan benefits are received from out-of-network providers.

To search for your providers in our network, scan this QR code to visit [upmchealthplan.com/find](http://upmchealthplan.com/find).



**The plan in this book includes prescription drug coverage. Please refer to the Part D information on page 12 to review your coverage and costs for prescriptions.**

## UPMC *for Life* Service Area

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

**The service area for this plan includes the following counties in Pennsylvania:**

**Adams, Allegheny, Armstrong, Beaver, Berks, Bradford, Butler, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Fulton, Greene, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Mifflin, Montour, Northampton, Perry, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.**

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us on the UPMC Health Plan app.

### Available hours:

**Oct. 1 – March 31:** Seven days a week from 8 a.m. to 8 p.m.

**April 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.

**Not a current member?** Call us at **1-877-381-3765 (TTY: 711)**

### Available hours:

**Oct. 1 – Mar. 31:** Seven days a week from 8 a.m. to 8 p.m.

**Apr. 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.

## Find what you need online.



### Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)

Scan the QR code to visit our website, where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment



### UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### UPMC Health Plan member site

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

## UPMC for Life PPO Essential Care Rx

In-Network (IN)

Out-of-Network (OUT)

### Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$0 per month; \$100 Medicare Part B premium reduction per month
<b>Annual deductible</b>	IN/OUT: \$500
<b>Maximum out-of-pocket responsibility</b>	IN: \$8,000 for Medicare-covered services, including <b>COMBINED IN/OUT: \$11,500</b> for Medicare-covered services, including copays, coinsurance, and the deductible.

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$380 per day for days 1-5 after deductible and \$0 per day for days 6 and beyond after deductible	40% of the cost per stay after deductible
<b>Outpatient hospital coverage*</b>	\$380 per service after deductible	40% of the cost per service after deductible
<b>Ambulatory Surgery Center (ASC) Services*</b>	\$380 per surgery after deductible	40% of the cost per surgery after deductible
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit (deductible does not apply) Specialist: \$45 per visit, \$45 per telehealth visit (deductible does not apply)	Primary care provider: \$0 per in-person visit after deductible Specialist: 40% of the cost per in-person visit after deductible
<b>Preventive care</b>	IN: \$0 per service (deductible does not apply); including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings OUT: 40% of the cost per service (deductible does not apply)	
<b>Emergency care</b>	IN/OUT: \$110 per visit (deductible does not apply)	

PPO  
Summary of Benefits

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Urgently needed services</b>	IN/OUT: \$45 per visit (deductible does not apply)	
<b>Diagnostic services/labs*</b>	\$10 per day per facility (deductible does not apply)	40% per day per facility after deductible
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$275 per service after deductible; Basic imaging and X-rays: \$50 per service after deductible	Advanced imaging (CT, MRI, and PET scans): 40% of the cost after deductible; Basic imaging and X-rays: 40% of the cost after deductible

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: \$45 per visit (deductible does not apply); \$0 for one routine hearing exam per year (deductible does not apply); \$0 for one hearing aid fitting per year (deductible does not apply);	Medicare-covered: 40% of the cost per visit after deductible; 40% of the cost for one routine hearing exam per year (deductible does not apply); 40% of the cost for one hearing aid fitting per year (deductible does not apply);
	<b>IN:</b> You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>	

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$45 per visit; (deductible does not apply)                      \$0 for two cleanings per year (deductible does not apply);                      \$0 for two routine oral exams per year (deductible does not apply);                      \$0 for one limited oral exam every 12 months (deductible does not apply);                      \$0 for one comprehensive oral exam every 36 months (deductible does not apply);                      \$0 for one bitewing x-ray every 12 months (deductible does not apply);                      \$0 for one panoramic x-ray every 36 months (deductible does not apply)</p>	<p>Medicare-covered: 40% of the cost per visit after deductible;                      40% of the cost for two cleanings per year (deductible does not apply);                      40% of the cost for two routine oral exams per year (deductible does not apply);                      40% of the cost for one limited oral exam every 12 months (deductible does not apply);                      40% of the cost for one comprehensive oral exam every 36 months (deductible does not apply);                      40% of the cost for one bitewing x-ray every 12 months (deductible does not apply);                      40% of the cost for one panoramic x-ray every 36 months (deductible does not apply);</p>
	<p><b>IN/OUT:</b> \$2,600 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work (deductible does not apply).  <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$45 per visit (deductible does not apply);                      \$0 for one routine vision exam and one contact lens fitting exam every year (deductible does not apply)</p>	<p>Medicare-covered: 40% of the cost per visit per visit after deductible;                      40% of the cost for one routine vision exam and one contact lens fitting exam every year (deductible does not apply)</p>

\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
	<b>IN/OUT:</b> \$200 allowance for routine contact lenses or eyeglasses, including lens options, per year (deductible does not apply). <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>	

### Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$380 per day for days 1-5 after deductible and \$0 per day for days 6 and beyond after deductible ; Outpatient therapy: \$45 per visit after deductible, \$45 per telehealth visit after deductible	Inpatient: 40% of the cost per stay after deductible ; Outpatient therapy: 40% of the cost per in-person visit after deductible
<b>Skilled nursing facility*</b>	\$0 per day (days 1-20) (deductible does not apply); \$214 per day (days 21-100) (deductible does not apply)	40% of the cost per stay after deductible
<b>Physical therapy*</b>	\$35 per visit after deductible	40% of the cost per visit after deductible
<b>Ambulance*</b>	\$50 for treat and no transport after deductible; \$280 per one-way trip after deductible	40% of the cost after deductible
<b>Transportation</b>	Not covered.	
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply to Part B insulins)	40% of the cost after deductible; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply to Part B insulins)
<b>Durable medical equipment*</b>	20% of the cost per item (deductible does not apply)	40% of the cost per item (deductible does not apply)

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips (deductible does not apply); 20% of the cost for non-preferred diabetic supplies (deductible does not apply)	40% of the cost per item after deductible
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service (deductible does not apply) No routine chiropractic care	Medicare-covered: 40% of the cost after deductible; No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$45 per visit after deductible Routine (4 visits per year): \$45 per routine visit (deductible does not apply)	Medicare-covered: 40% of the cost per visit after deductible; Routine (4 visits per year): 40% of the cost per routine visit (deductible does not apply)

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	<p>\$150 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. \$150 allowance per year to spend on dental, vision, and hearing services. These allowances do not roll over from year to year</p> <ul style="list-style-type: none"> <li>• <b>Medical service costs.</b> Use your card anytime you are asked to pay out-of-pocket for your care (copays, coinsurance, and deductibles). <b>You can use \$50 of your allowance per transaction.</b> You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Premier fitness locations.</b> Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.</li> </ul>
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\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
		<ul style="list-style-type: none"> <li>• <b>Fitness kits.</b> Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.</li> <li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li> <li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$2,600 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>		<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>RxWell</b>		Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
<b>Home Safety Products<sup>5</sup></b>		You have an allowance you can use to help pay for home safety products. See the UPMC for <i>Life</i> Flex Spend Card above for more details.
<b>Home Safety</b>		Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>		Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.

\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.	
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.	
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
<b>UPMC AnywhereCare<sup>56</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit	

## Utilization Management

(UM) Utilization management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

\* Services with an asterisk (\*) may require prior authorization.

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

# Prescription Drug Costs

The Medicare Part D prescription drug coverage stages are changing in 2025. Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through these stages. Your costs can also depend on your specific UPMC for Life plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC for Life prescription drug costs below.

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2025, many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

The UPMC for Life PPO Essential Care Rx deductible for Tiers 3, 4, and 5 is \$350.

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,000, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
<b>Tier 1</b> Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
<b>Tier 2</b> Generic	\$0	\$20	\$0	\$40	\$0	\$40
<b>Tier 3</b> Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
<b>Tier 4</b> Non- Preferred	UPMC for Life PPO Essential Care Rx: 50% coinsurance					
<b>Tier 5</b> Specialty	UPMC for Life PPO Essential Care Rx: 28% coinsurance (up to 30-day supply only)					
<b>Covered Insulins</b>	\$35	\$35	\$96.25	\$105	\$87.50	\$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

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### Catastrophic coverage stage

There will no longer be a Coverage Gap (donut hole) in 2025. **Your total yearly drug costs will be capped at \$2,000.** Once the costs paid by you and your plan reach \$2,000, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

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## Pharmacy benefits

Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC *for Life* member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to [upmchealthplan.com/pharmacyreview/](https://upmchealthplan.com/pharmacyreview/) and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to [upmchealthplan.com/medicare/shop](https://upmchealthplan.com/medicare/shop) enter your zip code and click on the plan you're interested in.

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## Make sure your drugs are covered.

To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](https://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at [www.upmchealthplan.com/medicare/shop/](https://www.upmchealthplan.com/medicare/shop/).

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to [upmchealthplan.com/find](https://upmchealthplan.com/find).

\*Services with an asterisk (\*) may require prior authorization.

<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

<sup>5</sup>UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

<sup>6</sup>UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members located outside of Pennsylvania at the time of service or those who select Talk Therapy or Psychiatry services will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

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# UPMC *for Life*

## 2025 Summary of Benefits

Look inside to learn more about this plan:  
UPMC *for Life* PPO Premier Rx (PPO)

PPO  
Summary of Benefits

HERE'S THE  
**PLAN**

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UPMC *for Life*  
UPMC Health Plan Medicare Program



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2025 – Dec. 31, 2025. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



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**The service area for this plan includes the following counties in Pennsylvania:  
Adams, Centre, Clinton, Cumberland, Dauphin, Fulton, Juniata, Lancaster, Lebanon,  
Lycoming, Mifflin, Montour, Perry, Potter, Snyder, Sullivan, and Union.**

# We're here to answer your questions.

## Talk to us.

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### UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### UPMC Health Plan member site

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

## UPMC for Life PPO Premier Rx

In-Network (IN)

Out-of-Network (OUT)

### Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$0 per month; \$54 Medicare Part B premium reduction per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	<p><b>IN:</b> \$6,700 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs.</p> <p><b>COMBINED IN/OUT:</b> \$10,000 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.</p>

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$170 per day for days 1-7 and \$0 per day for days 8 and beyond	\$250 per day for days 1-7 and \$0 per day for days 8 and beyond;
<b>Outpatient hospital coverage*</b>	\$325 per service	\$400 per service
<b>Ambulatory Surgery Center (ASC) Services*</b>	\$325 per surgery	\$400 per surgery
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$30 per visit, \$30 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$30 per in-person visit
<b>Preventive care</b>	<p><b>IN:</b> \$0 per service your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p><b>OUT:</b> 30% of the cost per service</p>	
<b>Emergency care</b>	<b>IN/OUT:</b> \$125 per visit	

PPO  
Summary of Benefits

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Urgently needed services</b>	IN/OUT: \$55 per visit	
<b>Diagnostic services/labs*</b>	\$10 per day per facility	\$10 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$225 per service; Basic imaging and X-rays: \$30 per service	Advanced imaging (CT, MRI, and PET scans): \$350 per service; Basic imaging and X-rays: \$30 per service

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: \$35 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year;	Medicare-covered: \$35 per visit; 30% of the cost for one routine hearing exam per year; 30% of the cost for one hearing aid fitting per year;
	<b>IN:</b> You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>	

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## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$35 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months</p>	<p>Medicare-covered: \$35 per visit; 30% of the cost for two cleanings per year; 30% of the cost for two routine oral exams per year; 30% of the cost for one limited oral exam every 12 months; 30% of the cost for one comprehensive oral exam every 36 months; 30% of the cost for one bitewing x-ray every 12 months; 30% of the cost for one panoramic x-ray every 36 months;</p>
	<p><b>IN/OUT:</b> \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work.</p> <p><b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$35 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year</p>	<p>Medicare-covered: \$35 per visit; 30% of the cost for one routine vision exam and one contact lens fitting exam every year</p>
	<p><b>IN/OUT:</b> \$250 allowance for routine contact lenses or eyeglasses, including lens options, per year.</p> <p><b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	

### Additional Medical Costs

<b>Mental health services*</b>	<p>Inpatient: \$170 per day for days 1-7 and \$0 per day for days 8 and beyond ;</p>	<p>Inpatient: \$250 per day for days 1-7 and \$0 per day for days 8-90;</p>
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## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
	Outpatient therapy: \$35 per visit, \$35 per telehealth visit	Outpatient therapy: \$35 per in-person visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$214 per day (days 21-100)	30% of the cost per stay
<b>Physical therapy*</b>	\$35 per visit	\$35 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$280 per one-way trip	30% of the cost
<b>Transportation</b>	Not covered.	
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins	30% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item	30% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	30% of the cost per item
<b>Chiropractic care*</b>	Medicare-covered: \$18 per service; No routine chiropractic care	Medicare-covered: \$35 per service; No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$35 per visit Routine (4 visits per year): \$35 per routine visit	Medicare-covered: \$35 per visit; Routine (4 visits per year): \$35 per routine visit

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	\$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. \$250 allowance per year to spend on dental, vision, and hearing services. These allowances do not roll over from year to year
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## UPMC for Life PPO Premier Rx

In-Network (IN)	Out-of-Network (OUT)
	<ul style="list-style-type: none"> <li>• <b>Medical service costs.</b> Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). <b>You can use \$50 of your allowance per transaction.</b> You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Premier fitness locations.</b> Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.</li> <li>• <b>Fitness kits.</b> Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.</li> <li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li> <li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$5,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$250 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.

PPO  
Summary of Benefits

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## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>RxWell</b>	Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.	
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the UPMC for Life Flex Spend Card above for more details.	
<b>Home Safety</b>	Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.	
<b>Personal Counseling</b>	Receive six counseling sessions per concern per year through Resources <i>for Life</i> at no additional cost.	
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.	
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.	
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
<b>UPMC AnywhereCare<sup>6</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit	

## Utilization Management

(UM) Utilization management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.

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- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

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# Prescription Drug Costs

The Medicare Part D prescription drug coverage stages are changing in 2025. Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through these stages. Your costs can also depend on your specific UPMC for Life plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC for Life prescription drug costs below.

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2025, many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

The UPMC for Life PPO Premier Rx deductible for Tiers 3, 4, and 5 is \$350.

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,000, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
<b>Tier 1</b> Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
<b>Tier 2</b> Generic	\$0	\$20	\$0	\$40	\$0	\$40
<b>Tier 3</b> Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
<b>Tier 4</b> Non- Preferred	UPMC for Life PPO Premier Rx: 39% coinsurance					
<b>Tier 5</b> Specialty	UPMC for Life PPO Premier Rx: 28% coinsurance (up to 30-day supply only)					
<b>Covered Insulins</b>	\$35	\$35	\$96.25	\$105	\$87.50	\$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

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### Catastrophic coverage stage

There will no longer be a Coverage Gap (donut hole) in 2025. **Your total yearly drug costs will be capped at \$2,000.** Once the costs paid by you and your plan reach \$2,000, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

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## Pharmacy benefits

Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC *for Life* member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to [upmchealthplan.com/pharmacyreview/](https://upmchealthplan.com/pharmacyreview/) and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to [upmchealthplan.com/medicare/shop](https://upmchealthplan.com/medicare/shop) enter your zip code and click on the plan you're interested in.

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## Make sure your drugs are covered.

To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](https://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at [www.upmchealthplan.com/medicare/shop/](https://www.upmchealthplan.com/medicare/shop/).

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to [upmchealthplan.com/find](https://upmchealthplan.com/find).

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<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

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# UPMC *for Life*

## 2025 Summary of Benefits

**Look inside to learn more about this plan:**  
UPMC *for Life* PPO Rx Choice (PPO)

PPO  
Summary of Benefits

**HERE'S THE  
PLAN**

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



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2025 – Dec. 31, 2025. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



**With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook that you received in the fall. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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**The service area for this plan includes the following counties in Pennsylvania:**

**Adams, Carbon, Centre, Clinton, Cumberland, Dauphin, Fulton, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Perry, Potter, Snyder, Sullivan, Tioga, Union, and York.**

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us on the UPMC Health Plan app.

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## Find what you need online.



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- compare your plan options
- find providers
- check prescriptions
- apply for enrollment



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As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### UPMC Health Plan member site

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

## UPMC for Life PPO Rx Choice

In-Network (IN)

Out-of-Network (OUT)

### Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$19 per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	<p><b>IN:</b> \$6,000 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs.</p> <p><b>COMBINED IN/OUT:</b> \$9,550 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.</p>

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$325 per stay	\$400 per stay
<b>Outpatient hospital coverage*</b>	\$250 per service	\$350 per service
<b>Ambulatory Surgery Center (ASC) Services*</b>	\$250 per surgery	\$350 per surgery
<b>Doctor visits (Primary Care Providers and Specialists)</b>	<p>Primary care provider: \$0 per visit, \$0 per telehealth visit</p> <p>Specialist: \$30 per visit, \$30 per telehealth visit</p>	<p>Primary care provider: \$0 per in-person visit</p> <p>Specialist: \$30 per in-person visit</p>
<b>Preventive care</b>	<p><b>IN:</b> \$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p><b>OUT:</b> 20% of the cost per service</p>	
<b>Emergency care</b>	IN/OUT: \$125 per visit	
<b>Urgently needed services</b>	IN/OUT: \$55 per visit	

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>Diagnostic services/labs*</b>	\$0 per day per facility	\$10 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$225 per service; Basic imaging and X-rays: \$20 per service	Advanced imaging (CT, MRI, and PET scans): \$325 per service; Basic imaging and X-rays: \$30 per service

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: \$30 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year;	Medicare-covered: \$30 per visit; 20% of the cost for one routine hearing exam per year; 20% of the cost for one hearing aid fitting per year;
	<b>IN:</b> You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>	
<b>Dental services<sup>3</sup></b>	Medicare-covered: \$30 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months;	Medicare-covered: \$30 per visit; 20% of the cost for two cleanings per year; 20% of the cost for two routine oral exams per year; 20% of the cost for one limited oral exam every 12 months; 20% of the cost for one comprehensive oral exam every 36 months; 20% of the cost for one bitewing x-ray every 12 months; 20% of the cost for one panoramic x-ray every 36 months;

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
	<p><b>IN/OUT:</b> \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work.</p> <p><b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	
<b>Vision services<sup>4</sup></b>	Medicare-covered: \$30 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year	Medicare-covered: \$30 per visit; 20% of the cost for one routine vision exam and one contact lens fitting exam every year
	<p><b>IN/OUT:</b> \$300 allowance for routine contact lenses or eyeglasses, including lens options, per year.</p> <p><b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	

### Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$325 per stay ; Outpatient therapy: \$30 per visit, \$30 per telehealth visit	Inpatient: \$400 per stay ; Outpatient therapy: \$30 per in-person visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$214 per day (days 21-100)	20% of the cost per stay
<b>Physical therapy*</b>	\$30 per visit	\$30 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$345 per one-way trip	30% of the cost
<b>Transportation</b>	Not covered.	
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins	20% of the cost; no more than \$35 for a 30-day supply of Part B insulins

\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>Durable medical equipment*</b>	20% of the cost per item	20% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	20% of the cost per item
<b>Chiropractic care*</b>	Medicare-covered: \$18 per service; No routine chiropractic care	Medicare-covered: \$30 per service; No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$30 per visit Routine (4 visits per year): \$30 per routine visit	Medicare-covered: \$30 per visit; Routine (4 visits per year): \$30 per routine visit

## Extra Benefits and Services

### UPMC for Life Flex Spend Card

\$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.  
\$250 allowance per year to spend on dental, vision, and hearing services.

These allowances do not roll over from year to year

- **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for your care (copays, coinsurance, and deductibles). **You can use \$50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.
- **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.
- **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
		<ul style="list-style-type: none"> <li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li> <li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$5,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$300 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>		<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>RxWell</b>		Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
<b>Home Safety Products<sup>5</sup></b>		You have an allowance you can use to help pay for home safety products. See the UPMC for Life Flex Spend Card above for more details.
<b>Home Safety</b>		Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>		Receive six counseling sessions per concern per year through Resources <i>for Life</i> at no additional cost.
<b>Caregiver Support</b>		Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.

PPO  
Summary of Benefits

\* Services with an asterisk (\*) may require prior authorization.

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.	
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
<b>UPMC AnywhereCare<sup>6</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit	

\* Services with an asterisk (\*) may require prior authorization.

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

## Utilization Management

(UM) Utilization management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

\* Services with an asterisk (\*) may require prior authorization.

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

# Prescription Drug Costs

The Medicare Part D prescription drug coverage stages are changing in 2025. Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through these stages. Your costs can also depend on your specific UPMC for Life plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC for Life prescription drug costs below.

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2025, many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

The UPMC for Life PPO Rx Choice deductible for Tiers 3, 4, and 5 is \$175.

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,000, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	UPMC for Life PPO Rx Choice: 37% coinsurance					
Tier 5 Specialty	UPMC for Life PPO Rx Choice: 31% coinsurance (up to 30-day supply only)					
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

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### Catastrophic coverage stage

There will no longer be a Coverage Gap (donut hole) in 2025. **Your total yearly drug costs will be capped at \$2,000.** Once the costs paid by you and your plan reach \$2,000, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

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## Pharmacy benefits

Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC *for Life* member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to [upmchealthplan.com/pharmacyreview/](https://upmchealthplan.com/pharmacyreview/) and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to [upmchealthplan.com/medicare/shop](https://upmchealthplan.com/medicare/shop) enter your zip code and click on the plan you're interested in.

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## Make sure your drugs are covered.

To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](https://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at [www.upmchealthplan.com/medicare/shop/](https://www.upmchealthplan.com/medicare/shop/).

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to [upmchealthplan.com/find](https://upmchealthplan.com/find).

\*Services with an asterisk (\*) may require prior authorization.

<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

<sup>5</sup>UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

<sup>6</sup>UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members located outside of Pennsylvania at the time of service or those who select Talk Therapy or Psychiatry services will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

Out-of-network/non-contracted providers are under no obligation to treat UPMC *for Life* members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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# UPMC *for Life*

## 2025 Summary of Benefits

Look inside to learn more about this plan:  
UPMC *for Life* HMO Rx Choice (HMO)

HERE'S THE  
**PLAN**

H3907\_253008\_M

UPMC *for Life*  
UPMC Health Plan Medicare Program



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2025 – Dec. 31, 2025. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



**With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook that you received in the fall. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

This book includes an HMO (Health Maintenance Organization) plan. This means you choose from doctors, specialists, and hospitals in our network to get your care. This does not apply to an emergency or urgent care situation.

To search for your providers in our network, scan this QR code to visit [upmchealthplan.com/find](http://upmchealthplan.com/find).



**The plan in this book includes prescription drug coverage. Please refer to the Part D information on page 10 to review your coverage and costs for prescriptions.**

## UPMC *for Life* Service Area

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

**The service area for this plan includes the following counties in Pennsylvania:**

**Adams, Bradford, Carbon, Centre, Clinton, Cumberland, Dauphin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Lycoming, Mifflin, Montour, Northampton, Perry, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, and York.**

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us on the UPMC Health Plan app.

### Available hours:

**Oct. 1 – March 31:** Seven days a week from 8 a.m. to 8 p.m.

**April 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.

**Not a current member?** Call us at **1-877-381-3765 (TTY: 711)**

### Available hours:

**Oct. 1 – Mar. 31:** Seven days a week from 8 a.m. to 8 p.m.

**Apr. 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.

## Find what you need online.



### Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)

Scan the QR code to visit our website, where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment



### UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### UPMC Health Plan member site

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

UPMC for Life HMO Rx Choice

**Premium, Deductible and Out-of-Pocket Limit**

<b>Monthly plan premium</b>	\$35 per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$6,000 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible and does not include costs for Part D prescription drugs.

**Basic Medical and Hospital Costs**

<b>Inpatient hospital coverage*</b>	\$395 per stay
<b>Outpatient hospital coverage*</b>	\$250 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$250 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$35 per visit; \$35 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$125 per visit
<b>Urgently needed services</b>	\$55 per visit
<b>Diagnostic services/labs*</b>	\$5 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$220 per service; Basic imaging and X-rays: \$25 per service

HMO  
Summary of Benefits

\* Services with an asterisk (\*) may require prior authorization.

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

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	<p>Medicare-covered: \$35 per visit;                  \$0 for one routine hearing exam per year;                  \$0 for one hearing aid fitting per year;                  You pay \$690-\$1,890 copay for one hearing aid per ear per year.                  See a participating Amplifon provider to receive this discount on hearing aids.  <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$35 per visit;                  \$0 for two cleanings per year;                  \$0 for two routine oral exams per year;                  \$0 for one limited oral exam every 12 months;                  \$0 for one comprehensive oral exam every 36 months;                  \$0 for one bitewing x-ray every 12 months;                  \$0 for one panoramic x-ray every 36 months;                  \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work.  <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$35 per visit;                  \$0 for one routine vision exam and one contact lens fitting exam every year;                  \$200 allowance for routine contact lenses or eyeglasses, including lens options, every year  <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

## Additional Medical Costs

<b>Mental health services*</b>	<p>Inpatient: \$395 per stay ;                  Outpatient therapy: \$35 per visit, \$35 per telehealth visit</p>
<b>Skilled nursing facility*</b>	<p>\$10 per day (days 1-20);                  \$214 per day (days 21-100)</p>

\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life HMO Rx Choice

<b>Physical therapy*</b>	\$35 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$270 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$18 per service No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$35 per visit Routine (4 visits per year): \$35 per routine visit

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	<p>\$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.</p> <p>\$250 allowance per year to spend on dental, vision, and hearing services.</p> <p>These allowances do not roll over from year to year</p> <ul style="list-style-type: none"> <li>• <b>Medical service costs.</b> Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). <b>You can use \$50 of your allowance per transaction.</b> You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Premier fitness locations.</b> Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.</li> </ul>
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\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life HMO Rx Choice

	<ul style="list-style-type: none"> <li>• <b>Fitness kits.</b> Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.</li> <li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li> <li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$5,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>RxWell</b>	Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the UPMC for Life Flex Spend Card above for more details.
<b>Home Safety</b>	Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive six counseling sessions per concern per year through Resources <i>for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.

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<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.</b>
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>UPMC AnywhereCare<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

## Utilization Management

(UM) Utilization management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

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# Prescription Drug Costs

The Medicare Part D prescription drug coverage stages are changing in 2025. Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through these stages. Your costs can also depend on your specific UPMC for Life plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC for Life prescription drug costs below.

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2025, many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

The UPMC for Life HMO Rx Choice deductible for Tiers 3, 4, and 5 is \$175.

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,000, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	UPMC for Life HMO Rx Choice: 40% coinsurance					
Tier 5 Specialty	UPMC for Life HMO Rx Choice: 31% coinsurance (up to 30-day supply only)					
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

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### Catastrophic coverage stage

There will no longer be a Coverage Gap (donut hole) in 2025. **Your total yearly drug costs will be capped at \$2,000.** Once the costs paid by you and your plan reach \$2,000, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

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## Pharmacy benefits

Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC *for Life* member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to [upmchealthplan.com/pharmacyreview/](https://upmchealthplan.com/pharmacyreview/) and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to [upmchealthplan.com/medicare/shop](https://upmchealthplan.com/medicare/shop) enter your zip code and click on the plan you're interested in.

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## Make sure your drugs are covered.

To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](https://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at [www.upmchealthplan.com/medicare/shop/](https://www.upmchealthplan.com/medicare/shop/).

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to [upmchealthplan.com/find](https://upmchealthplan.com/find).

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<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Members must use a participating dental provider. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

<sup>5</sup>UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

<sup>6</sup>The Travel Concierge Program is only applicable in the states of Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee. HMO members will be charged in-network cost sharing for covered services received from any provider that accepts Medicare.

<sup>7</sup>UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members located outside of Pennsylvania at the time of service or those who select Talk Therapy or Psychiatry services will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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# UPMC *for Life*

## 2025 Summary of Benefits

Look inside to learn more about this plan:  
UPMC *for Life* HMO Rx (HMO)

HERE'S THE  
**PLAN**

H3907\_253010\_M

UPMC *for Life*  
UPMC Health Plan Medicare Program



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2025 – Dec. 31, 2025. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



**With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook that you received in the fall. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

This book includes an HMO (Health Maintenance Organization) plan. This means you choose from doctors, specialists, and hospitals in our network to get your care. This does not apply to an emergency or urgent care situation.

To search for your providers in our network, scan this QR code to visit [upmchealthplan.com/find](http://upmchealthplan.com/find).



**The plan in this book includes prescription drug coverage. Please refer to the Part D information on page 10 to review your coverage and costs for prescriptions.**

## UPMC *for Life* Service Area

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for this plan includes the following counties in Ohio:

**Harrison and Jefferson.**

The service area for this plan includes the following counties in Pennsylvania:

**Adams, Allegheny, Armstrong, Beaver, Bradford, Butler, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Fulton, Greene, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Mifflin, Montour, Northampton, Perry, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.**

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us on the UPMC Health Plan app.

### Available hours:

**Oct. 1 – March 31:** Seven days a week from 8 a.m. to 8 p.m.

**April 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.

**Not a current member?** Call us at **1-877-381-3765 (TTY: 711)**

### Available hours:

**Oct. 1 – Mar. 31:** Seven days a week from 8 a.m. to 8 p.m.

**Apr. 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.

## Find what you need online.



### Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)

Scan the QR code to visit our website, where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment



### UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### UPMC Health Plan member site

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

## Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$90 per month; \$1 Medicare Part B premium reduction per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$4,500 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible and does not include costs for Part D prescription drugs.

## Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$295 per stay
<b>Outpatient hospital coverage*</b>	\$200 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$200 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$25 per visit; \$25 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$125 per visit
<b>Urgently needed services</b>	\$55 per visit
<b>Diagnostic services/labs*</b>	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$175 per service; Basic imaging and X-rays: \$25 per service

\* Services with an asterisk (\*) may require prior authorization.

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	<p>Medicare-covered: \$25 per visit;                  \$0 for one routine hearing exam per year;                  \$0 for one hearing aid fitting per year;                  You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.  <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$25 per visit;                  \$0 for two cleanings per year;                  \$0 for two routine oral exams per year;                  \$0 for one limited oral exam every 12 months;                  \$0 for one comprehensive oral exam every 36 months;                  \$0 for one bitewing x-ray every 12 months;                  \$0 for one panoramic x-ray every 36 months;                  \$5,000 yearly allowance with a 30% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work.  <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$25 per visit;                  \$0 for one routine vision exam and one contact lens fitting exam every year;                  \$225 allowance for routine contact lenses or eyeglasses, including lens options, every year  <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

## Additional Medical Costs

<b>Mental health services*</b>	<p>Inpatient: \$295 per stay ;                  Outpatient therapy: \$25 per visit, \$25 per telehealth visit</p>
<b>Skilled nursing facility*</b>	<p>\$10 per day (days 1-20);                  \$214 per day (days 21-100)</p>

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## UPMC for Life HMO Rx

<b>Physical therapy*</b>	\$25 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$270 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$18 per service Routine (6 visits per year): \$18 per service
<b>Podiatry services</b>	Medicare-covered: \$25 per visit Routine (4 visits per year): \$25 per routine visit

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	<p>\$500 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.</p> <p>\$500 allowance per year to spend on dental, vision, and hearing services.</p> <p>These allowances do not roll over from year to year</p> <ul style="list-style-type: none"> <li>• <b>Medical service costs.</b> Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). <b>You can use \$50 of your allowance per transaction.</b> You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Premier fitness locations.</b> Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.</li> </ul>
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## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2025, many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

**The UPMC for Life HMO Rx plan does not have a deductible for Tiers 3, 4, and 5. You will start at the initial coverage stage.**

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,000, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
<b>Tier 1</b> Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
<b>Tier 2</b> Generic	\$0	\$20	\$0	\$40	\$0	\$40
<b>Tier 3</b> Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
<b>Tier 4</b> Non- Preferred	UPMC for Life HMO Rx: 49% coinsurance					
<b>Tier 5</b> Specialty	UPMC for Life HMO Rx: 33% coinsurance (up to 30-day supply only)					

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

### Catastrophic coverage stage

There will no longer be a Coverage Gap (donut hole) in 2025. **Your total yearly drug costs will be capped at \$2,000.** Once the costs paid by you and your plan reach \$2,000, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

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To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to [upmchealthplan.com/medicare/shop](http://upmchealthplan.com/medicare/shop) enter your zip code and click on the plan you're interested in.



## Make sure your drugs are covered.

To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](https://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at [www.upmchealthplan.com/medicare/shop/](https://www.upmchealthplan.com/medicare/shop/).

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to [upmchealthplan.com/find](https://upmchealthplan.com/find).

\*Services with an asterisk (\*) may require prior authorization.

<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Members must use a participating dental provider. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

<sup>5</sup>UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

<sup>6</sup>The Travel Concierge Program is only applicable in the states of Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee. HMO members will be charged in-network cost sharing for covered services received from any provider that accepts Medicare.

<sup>7</sup>UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members located outside of Pennsylvania at the time of service or those who select Talk Therapy or Psychiatry services will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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# UPMC *for Life*

## 2025 Summary of Benefits

**Look inside to learn more about these plans:**

UPMC *for Life* HMO No Rx (HMO)

UPMC *for Life* HMO Rx Enhanced (HMO)

**HERE'S THE  
PLAN**

H3907\_253000\_M

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



# Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2025 – Dec. 31, 2025. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/) or call us to have your Evidence of Coverage mailed to you.



**With UPMC *for Life* you can choose from plans that cover everything Original Medicare covers, plus more!**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook that you received in the fall. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

This book includes HMO (Health Maintenance Organization) plans. This means you choose from doctors, specialists, and hospitals in our network to get your care. This does not apply to an emergency or urgent care situation.

To search for your providers in our network, scan this QR code to visit [upmchealthplan.com/find](http://upmchealthplan.com/find).



**UPMC *for Life* HMO Rx Enhanced includes prescription drug coverage. Please refer to the Part D information on page 15 to review your coverage and costs for prescriptions.**

## UPMC *for Life* Service Area

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for these plans includes the following counties in Ohio:

**Harrison and Jefferson.**

The service area for these plans includes the following counties in Pennsylvania:

**Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Mifflin, Montour, Northampton, Perry, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.**

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us on the UPMC Health Plan app.

### Available hours:

**Oct. 1 – March 31:** Seven days a week from 8 a.m. to 8 p.m.

**April 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.

**Not a current member?** Call us at **1-877-381-3765 (TTY: 711)**

### Available hours:

**Oct. 1 – Mar. 31:** Seven days a week from 8 a.m. to 8 p.m.

**Apr. 1 – Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m.

Saturday from 9 a.m. to 3 p.m.

## Find what you need online.



### Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)

Scan the QR code to visit our website, where you can:

- compare your plan options
- find providers
- check prescriptions
- apply for enrollment



### UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line<sup>1</sup>. Download the app from your device's app store.



### UPMC Health Plan member site

This secure member website allows you to see your plan benefits and documents, live chat with a Health Care Concierge or health coach, manage your health information, update your medical history, pay your monthly premium bill, and view claims. Members can create an account at [upmchealthplan.com/register](http://upmchealthplan.com/register).



## Privacy Statement

We're committed to keeping your personal information private and safe. To learn about our privacy practices and how we collect and store your information, get access to medical records for you and others, and protect your information externally and across organizations, visit [upmchealthplan.com/legal/privacy/](http://upmchealthplan.com/legal/privacy/).

## Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$0 per month; \$110 Medicare Part B premium reduction per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$5,000 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible.

## Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$300 per stay
<b>Outpatient hospital coverage*</b>	\$225 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$225 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$25 per visit; \$25 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$125 per visit
<b>Urgently needed services</b>	\$55 per visit
<b>Diagnostic services/labs*</b>	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$110 per service; Basic imaging and X-rays: \$0 per service

\* Services with an asterisk (\*) may require prior authorization.

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

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	<p>Medicare-covered: \$25 per visit;                  \$0 for one routine hearing exam per year;                  \$0 for one hearing aid fitting per year;                  You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.  <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$25 per visit;                  \$0 for two cleanings per year;                  \$0 for two routine oral exams per year;                  \$0 for one limited oral exam every 12 months;                  \$0 for one comprehensive oral exam every 36 months;                  \$0 for one bitewing x-ray every 12 months;                  \$0 for one panoramic x-ray every 36 months;                  \$3,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work.  <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$25 per visit;                  \$0 for one routine vision exam and one contact lens fitting exam every year;                  \$200 allowance for routine contact lenses or eyeglasses, including lens options, every year.  <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

## Additional Medical Costs

<b>Mental health services*</b>	<p>Inpatient: \$300 per stay;                  Outpatient therapy: \$25 per visit, \$25 per telehealth visit</p>
<b>Skilled nursing facility*</b>	<p>\$0 per day (days 1-20);                  \$80 per day (days 21-100)</p>
<b>Physical therapy*</b>	<p>\$25 per visit</p>

\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life HMO No Rx

<b>Ambulance*</b>	\$50 for treat and no transport; \$290 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$18 per service; Routine (6 visits per year): \$18 per service
<b>Podiatry services</b>	Medicare-covered: \$25 per visit Routine (4 visits per year): \$25 per routine visit

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

## Extra Benefits and Services

### UPMC for Life Flex Spend Card

\$250 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

\$250 allowance per year to spend on dental, vision, and hearing services.

These allowances do not roll over from year to year

- **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for your care (copays, coinsurance, and deductibles). **You can use \$50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of- network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.
- **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.
- **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.
- **Over-the-counter products.** Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: [upmchp.us/flex-spend-card](http://upmchp.us/flex-spend-card).
- **Home safety products.** Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.
- **Dental services.** Use your dental benefit allowance of \$3,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.
- **Vision services.** Use your vision benefit allowance of \$200 first and then use this card second to help you

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## UPMC for Life HMO No Rx

	<p>pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</p> <ul style="list-style-type: none"> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>RxWell</b>	Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.
<b>Home Safety</b>	Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.</b>
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>UPMC AnywhereCare<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

\* Services with an asterisk (\*) may require prior authorization.

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

### **Utilization Management**

(UM) Utilization management is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

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

## UPMC for Life HMO Rx Enhanced

### Premium, Deductible and Out-of-Pocket Limit

<b>Monthly plan premium</b>	\$295 per month; \$13 Medicare Part B premium reduction per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$7,550 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible and does not include costs for Part D prescription drugs.

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$125 per stay
<b>Outpatient hospital coverage*</b>	\$80 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$80 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$10 per visit; \$10 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$110 per visit
<b>Urgently needed services</b>	\$45 per visit
<b>Diagnostic services/labs*</b>	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$75 per service; Basic imaging and X-rays: \$10 per service

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

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: \$10 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year; You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.
<b>Dental services<sup>3</sup></b>	Medicare-covered: \$10 per visit; \$0 for two cleanings per year; \$15 for two routine oral exams per year; \$15 for one limited oral exam every 12 months; \$15 for one comprehensive oral exam every 36 months; \$15 for one bitewing x-ray every 12 months; \$15 for one panoramic x-ray every 36 months \$5,500 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work. <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>
<b>Vision services<sup>4</sup></b>	Medicare-covered: \$10 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year; \$350 allowance for routine contact lenses or eyeglasses, including lens options, every year.

## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$125 per stay; Outpatient therapy: \$10 per visit, \$10 per telehealth visit
<b>Skilled nursing facility*</b>	\$0 per day (days 1-20); \$60 per day (days 21-100)
<b>Physical therapy*</b>	\$10 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$100 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins

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## UPMC for Life HMO Rx Enhanced

<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetes supplies*</b>	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service; Routine (6 visits per year): \$15 per service
<b>Podiatry services</b>	Medicare-covered: \$10 per visit Routine (4 visits per year): \$10 per routine visit

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	Not covered.
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>RxWell</b>	Download this <b>FREE app</b> for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
<b>Home Safety Products<sup>5</sup></b>	Choose up to <b>6 products per year from the UPMC for Life Home Safety Products Catalog</b> at no additional cost.
<b>Home Safety</b>	Get <b>one FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.</b>
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>UPMC AnywhereCare<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

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- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.
- We will provide the process you can follow if you would like a reconsideration of the decision.

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

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

# Prescription Drug Costs

The Medicare Part D prescription drug coverage stages are changing in 2025. Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through these stages. Your costs can also depend on your specific UPMC *for Life* plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC *for Life* prescription drug costs below.

**As a reminder UPMC *for Life* HMO No Rx does not cover Part D prescription drugs.**

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2025, many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

The UPMC *for Life* HMO Rx Enhanced (HMO) plan does not have a deductible for Tiers 3, 4, and 5. You will start at the initial coverage stage.

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,000, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	UPMC <i>for Life</i> HMO Rx Enhanced (HMO): 50% coinsurance					

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 5 Specialty	UPMC <i>for Life</i> HMO Rx Enhanced (HMO): 33% coinsurance (up to 30-day supply only)					
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105

If you reside in a long-term care facility, you pay the same copay as you would at a preferred retail pharmacy for a 31-day supply. The costs for Part D prescriptions may be different based on the day supply and the type of pharmacy where the drug is received.

### Catastrophic coverage stage

There will no longer be a Coverage Gap (donut hole) in 2025. **Your total yearly drug costs will be capped at \$2,000.** Once the costs paid by you and your plan reach \$2,000, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

### Pharmacy benefits

Our members have low-cost options for getting medications, as well as access to a broad network of pharmacies nationwide. Our network includes retail chain, regional, and independent pharmacies. If you are not yet a UPMC *for Life* member, you can have a review with a member of our pharmacy staff to resolve any potential issues related to your medication coverage. You can ask to have a pharmacy review to get information regarding medication coverage or restrictions, how pharmacy benefit decisions are made, and the process to follow when a medication is not covered. Go to [upmchealthplan.com/pharmacyreview/](https://upmchealthplan.com/pharmacyreview/) and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to [upmchealthplan.com/medicare/shop](https://upmchealthplan.com/medicare/shop) enter your zip code and click on the plan you're interested in.



## Make sure your drugs are covered.

To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at [www.upmchealthplan.com/medicare/shop/](http://www.upmchealthplan.com/medicare/shop/).

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to [upmchealthplan.com/find](http://upmchealthplan.com/find).

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<sup>1</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Virginia, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your member ID card for nonclinical inquiries.

<sup>2</sup>Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating hearing providers. Routine hearing copays are excluded from the yearly deductible, if applicable, and do not count towards the annual out-of-pocket maximum.

<sup>3</sup>Go to [upmchealthplan.com/find](https://upmchealthplan.com/find) to find participating dental providers. You are responsible for all other charges beyond preventive dental care. Preventive care copays and the comprehensive dental allowance do not count toward the annual out-of-pocket maximum. A bitewing x-ray shows the upper and lower back teeth and how the teeth touch each other.

<sup>4</sup>The routine vision allowance does not apply to glasses after cataract surgery. It does not count toward your annual out-of-pocket maximum.

<sup>5</sup>UPMC *for Life* does not install home safety products or reimburse for costs associated with the installation of home safety products. UPMC *for Life* is not liable for improper installation, repairs, or other modifications. Members are responsible for any and all costs associated with installation.

<sup>6</sup>The Travel Concierge Program is only applicable in the states of Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee. HMO members will be charged in-network cost sharing for covered services received from any provider that accepts Medicare.

<sup>7</sup>UPMC *for Life* members who are in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider, subject to availability and discretion of the provider. Members located outside of Pennsylvania at the time of service or those who select Talk Therapy or Psychiatry services will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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2025\_MCHMO002006SB\_24MCID1045

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**ADDITIONAL INFORMATION**



# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-361-1663\* (TTY: 711)\***.

## Understanding the benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. For HMO/PPO plans, visit [upmchealthplan.com/medicare](https://upmchealthplan.com/medicare). For D-SNP plans, visit [upmchealthplan.com/snp](https://upmchealthplan.com/snp) or call **1-844-361-1663\* (TTY: 711)\*** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding important rules

- If you're enrolling in an HMO or PPO plan:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on Jan. 1, 2026.
- If you're enrolling in an HMO plan:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who aren't listed in the provider directory).
- Effect on current coverage:** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you can't use.

❑ **If you're enrolling in a PPO plan:** Our plan allows you to see providers outside of our network (noncontracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, noncontracted providers may deny care. In addition, you will pay a higher cost share for services received by noncontracted providers.

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❑ **If you're enrolling in a D-SNP plan:** This plan is a Dual-Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a state plan under Medicaid.

\*Our hours change throughout the year. You can call us:

- **Oct. 1 - March 31** seven days a week from 8 a.m. to 8 p.m.
- **April 1 - Sept. 30** Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

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2025\_PREENRLCHK\_24MCID1395 (RT) 7/2/24

**UPMC HEALTH PLAN**

[upmchealthplan.com/medicare](https://upmchealthplan.com/medicare)



## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### UPMC for Life - H5533

For 2025, UPMC for Life - H5533 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★  
**Health Services Rating:** ★★★★★  
**Drug Services Rating:** ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UPMC for Life 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-381-3765 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 877-539-3080 (toll-free) or 711 (TTY)

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Additional  
Information



H5533\_251314\_M

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2025\_PP0PLNRTG\_24MCI0476 (MS) 10/16/24



## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### UPMC for Life - H3907

For 2025, UPMC for Life - H3907 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact UPMC for Life 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-381-3765 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 877-539-3080 (toll-free) or 711 (TTY).

Additional  
Information



H3907\_251313\_M

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2025\_HMOPLNRTG\_24MCID0475 (MS) 10/16/24



# Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **All plans offer this payment option, and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

## How does it work?

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail-order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan.

## How are monthly bills calculated?

All plans use the same formula to calculate your monthly payments. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (January - December), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The Medicare drug coverage annual out-of-pocket maximum (\$2,000 in 2025).

The prescription drug law caps your out-of-pocket drug costs at \$2,000 in 2025. This is true for everyone with Medicare drug coverage, even if you don't participate in the Medicare Prescription Payment Plan.

## Will this help me?

It depends on your situation. This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. Visit [medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more about programs that can help lower drug costs and see if you qualify.

**UPMC for Life**

UPMC Health Plan Medicare Program

You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September) gives you more months to spread out your drug costs. Go to [medicare.gov/prescription-payment-plan/will-this-help-me](https://www.medicare.gov/prescription-payment-plan/will-this-help-me) to answer a few questions and find out if you're likely to benefit from this payment option.

## How do I sign up?

Once you enroll in a Medicare drug plan or Medicare health plan with drug coverage, you can sign up to participate through your plan. Contact your plan for more information. **UPMC for Life members will receive information about how to sign up for the Medicare Prescription Payment Plan with their welcome kits after their enrollment is confirmed.**

## How can I learn more about the Medicare Prescription Payment Plan?

We recommend reviewing the **Medicare Fact Sheet** for complete details and frequently asked questions about the Medicare Prescription Payment Plan, including:

- How it works.
- Who would benefit or not benefit from this program.
- Examples of how monthly bills are calculated.
- How to pay your bill.
- What happens if you don't pay your Medicare Prescription Payment Plan bill.
- How to leave the program.
- What happens if you change health or drug plans.
- More information about programs that can help lower costs.

You can find this fact sheet on our website at [upmchp.us/medicare-payment-plan](https://upmchp.us/medicare-payment-plan) or by visiting the Medicare website at [medicare.gov/prescription-payment-plan](https://www.medicare.gov/prescription-payment-plan).



## Need this information in another format or language?

To get this material in other formats, like large print, braille, or another language, contact UPMC for Life at **1-844-361-1663 (TTY: 711)**:

**Oct. 1 - March 31:** Seven days a week from 8 a.m. to 8 p.m.

**April 1 - Sept. 30:** Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

UPMC for Life is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC for You Inc., and UPMC Health Coverage Inc.



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2025\_M3PENROLLFLIER\_24MC-SNP4753701 (RT) 9/9/24 PDF

**UPMC HEALTH PLAN**

[upmchealthplan.com/medicare](https://upmchealthplan.com/medicare)



# UPMC *for Life* monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare.

If you get Extra Help, your monthly plan premium will be \$0 for any of the plans below. (This does not include any Medicare Part B premium you may have to pay.)

- UPMC *for Life* HMO No Rx (HMO)
- UPMC *for Life* HMO Premier Rx (HMO)
- UPMC *for Life* HMO Deductible Rx (HMO)
- UPMC *for Life* PPO Premier Rx (PPO)
- UPMC *for Life* PPO High Deductible Rx (HMO)
- UPMC *for Life* PPO Salute (PPO)
- UPMC *for Life* PPO Essential Care Rx (PPO)
- UPMC *for Life* Complete Care (HMO SNP)

UPMC *for Life*'s premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- **1-800-MEDICARE** or TTY users call **1-877-486-2048** (24 hours a day/7 days a week),
- Your state Medicaid office, or
- The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778**. Between 7 a.m. and 7 p.m. Monday through Friday.

If you have any questions, please call us at **1-844-361-1663**. TTY users should call 711. From Oct. 1 through March 31, seven days a week from 8 a.m. to 8 p.m. EST. From April 1 through Sept. 30, Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m. EST.



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2025\_LISSUMMARY\_24MCID1411 (RT) 9/6/24 PDF

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

Additional  
Information



## Multi-Language Insert

### Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-220-4785 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-220-4785 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-220-4785 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-220-4785 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-220-4785 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-220-4785 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-220-4785 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-220-4785 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-220-4785 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-220-4785 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه . سيقوم شخص ما يتحدث العربية (TTY: 711) 1-844-220-4785 فوري، ليس عليك سوى الاتصال بنا على خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-220-4785 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-220-4785 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-220-4785 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-220-4785 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-220-4785 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-220-4785 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802  
(Expires 12/31/25)



Y0069\_231768\_C



# ENROLLMENT



## Three easy ways to enroll



### Phone

Call one of our knowledgeable, licensed UPMC *for Life* Medicare Advisors to enroll right over the phone.

**1-844-361-1663 (TTY: 711)**

**Oct. 1 - March 31** seven days a week from 8 a.m. to 8 p.m.

**April 1 - Sept. 30** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.



### Online

Enroll safely and securely online through our website, **[upmchealthplan.com/medicare](http://upmchealthplan.com/medicare)**. You may also enroll through the CMS Online Enrollment Center at **[medicare.gov](http://medicare.gov)**.



### Mail or fax

Complete, sign, and date the following enrollment application and mail or fax it to us.

**Mail: UPMC *for Life***  
**PO Box 2967**  
**Pittsburgh, PA 15230**

**Fax: 412-454-7766**

**For questions or assistance with completing this application, call UPMC *for Life* at the phone number above.**



# What happens after you enroll?



## Confirmation letter

Within 10 days of receiving your completed application, we will send you a letter letting you know if your enrollment is confirmed. If your enrollment is confirmed, you can use this letter as proof of your coverage. **You cannot use the letter as proof of coverage before your effective date.**



## Welcome kit

Keep an eye out for your UPMC *for Life* welcome kit. This kit has information about all the great benefits offered by your plan.



## MyHealth Questionnaire

Make sure to complete your MyHealth Questionnaire. This helps us better understand your health and provide you with the health care services you need. Complete the survey by filling out the copy we mail you or by following the online instructions.



## Member ID card

Show your UPMC *for Life* member ID card whenever you visit your doctor, medical provider, the hospital, or the pharmacy. This card is used in place of your red, white, and blue Medicare card. **You cannot use your ID card until your coverage effective date.**



## Go paperless

Update your preferences to get your plan materials online and get your important documents faster. Scan the QR code to learn more and update your preferences.



### Getting plan materials online lets you:

- Have safe and easy access to your documents 24/7.
- See your plan documents sooner than waiting for a hard copy.
- Receive less mail.
- Keep your health care costs low.
- Save paper and trees.

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

- Be a U.S. citizen or be lawfully present in the U.S.
- Live in the plan's service area.

**Important:** To join a Medicare Advantage plan, you must also have both:

- Medicare Part A (Hospital Insurance).
- Medicare Part B (Medical Insurance).

## When do I use this form?

You can join a plan:

- Between Oct. 15–Dec. 7 each year (for coverage starting Jan. 1).
- Within 3 months of first getting Medicare.
- In certain situations where you're allowed to join or switch plans.

Visit **medicare.gov** to learn more about when you can sign up for a plan.

## What do I need to complete this form?

- Your Medicare number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1 and sign the last page of the application. The items in Section 2 are optional. You can't be denied coverage because you don't fill them out.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Reminders:

- If you want to join a plan during fall open enrollment (Oct. 15–Dec. 7), the plan must get your completed form by Dec. 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Send your completed and signed form to:

UPMC *for Life*  
PO Box 2967  
Pittsburgh, PA 15230

Once they process your request to join, they'll contact you.

## How do I get help with this form?

Call UPMC *for Life* at **1-844-361-1663 (TTY: 711)**. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a UPMC *for Life* al **1-844-361-1663 (TTY:711)** o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

## Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a post office box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

---

**IMPORTANT** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on the front of this page to send your completed form to the plan.





UPMC Health Plan Medicare Program

**Section 1 – All fields on this page are required (unless marked optional)**

**Select the plan you want to join:**

- \$0 - HMO No Rx (HMO) (**Does not include Part D prescription drug coverage**)
- \$0 - PPO Essential Care Rx (PPO)
- \$0 - PPO Premier Rx (PPO)
- \$19 - PPO Rx Choice (PPO)
- \$35 - HMO Rx Choice (HMO)
- \$90 - HMO Rx (HMO)

LAST Name:	FIRST Name:	Middle Initial (optional):
Birth Date: (__/__/____) (MM/DD/YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: ( )

Permanent Residence Street Address (Don't enter a PO Box):

City:	County (optional):	State:	ZIP Code:
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**Mailing address**, if different from your permanent address (PO Box allowed):

Street Address:	City:	State:	ZIP Code:
-----------------	-------	--------	-----------

**Your Medicare information**

**Medicare number:**    \_ \_ \_ - \_ \_ - \_ \_ \_

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to UPMC *for Life*?

- Yes     No

Name of other coverage:                      Member number for this coverage:                      Group number for this coverage:

\_\_\_\_\_

Fill out this information as it appears on your red, white, and blue Medicare card:

Hospital (Part A) effective date: \_\_/\_\_/\_\_\_\_

Hospital (Part B) effective date: \_\_/\_\_/\_\_\_\_

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

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### Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T pay UPMC for Life the Part D-IRMAA.**

**Please select a premium payment option.** If you choose to pay your premium by Electronic Funds Transfer (EFT) or credit card, you will receive additional information about electronic premium payment options with your UPMC for Life plan confirmation of enrollment letter. **If you don't select a payment option, you will get a bill each month.**

- Get a bill
- Electronic Funds Transfer (EFT) from your bank account each month
- Credit card
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from:  Social Security     RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. If the first deduction does not include all premiums due from your enrollment effective date, we will send you a letter letting you know the amount you owe UPMC for Life for any premiums not deducted by Social Security or RRB. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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### Attestation of Eligibility for an Enrollment Period

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from Oct. 15 through Dec. 7 of each year.** If you are filling out this application during the annual enrollment period, you do not need to complete this section. If you are enrolling outside of the annual election period, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

**Please read the following statements carefully, and check the box if the statement applies to you.** By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine this information is incorrect, you may be disenrolled.

- 
- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums), or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently left a PACE program on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I am leaving my employer or union coverage on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_ / \_\_ / \_\_\_\_.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- I am dropping a Part D plan (Medicare Advantage prescription drug plan or Part D prescription drug plan) in order to maintain my other creditable coverage. The coverage I currently have is \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact UPMC *for Life* at **1-844-361-1663** (TTY users should call **711**) to see if you are eligible to enroll. We are open Oct. 1 through March 31 seven days a week from 8 a.m. to 8 p.m., April 1 through Sept. 30 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

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**IMPORTANT: Signature required below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UPMC *for Life*
- By joining this Medicare Advantage, I acknowledge that UPMC *for Life* will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement above). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my UPMC *for Life* coverage begins, I must get all of my medical and prescription drug benefits from UPMC *for Life*. Benefits and services provided by UPMC *for Life* and contained in my UPMC *for Life* “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UPMC *for Life* will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare

<b>Signature:</b>	<b>Today’s date:</b> __ / __ / ____
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**If you’re the authorized representative, sign above and fill out these fields:**

Name:	Address:
Phone Number:	Relationship to Enrollee:

**For individuals helping enrollee with completing this form only**

Complete this section if you’re an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name:	Relationship to enrollee:
Signature:	National Producer Number (Agents/Brokers only):

**OFFICE USE ONLY**

Name of Staff Member/Agent/Broker  
(if assisted in enrollment):

Plan ID#:	Effective Date of Coverage: __ / __ / ____
ICEP/IEP:	AEP:
	SEP (type):

If you assisted with this application, sign and date here: \_\_ / \_\_ / \_\_\_\_

Broker Received Date and Notes: __ / __ / ____	Agent/Broker Code: __ / __ / ____
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Application:  Mailed     Faxed

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## Three easy ways to enroll



### Phone

Call one of our knowledgeable, licensed UPMC *for Life* Medicare Advisors to enroll right over the phone.

**1-844-361-1663 (TTY: 711)**

**Oct. 1 - March 31** seven days a week from 8 a.m. to 8 p.m.

**April 1 - Sept. 30** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.



### Online

Enroll safely and securely online through our website, **[upmchealthplan.com/medicare](http://upmchealthplan.com/medicare)**. You may also enroll through the CMS Online Enrollment Center at **[medicare.gov](http://medicare.gov)**.



### Mail or fax

Complete, sign, and date the following enrollment application and mail or fax it to us.

**Mail: UPMC *for Life***  
**PO Box 2967**  
**Pittsburgh, PA 15230**  
**Fax: 412-454-7766**

**For questions or assistance with completing this application, call UPMC *for Life* at the phone number above.**



# What happens after you enroll?



## Confirmation letter

Within 10 days of receiving your completed application, we will send you a letter letting you know if your enrollment is confirmed. If your enrollment is confirmed, you can use this letter as proof of your coverage. **You cannot use the letter as proof of coverage before your effective date.**



## Welcome kit

Keep an eye out for your UPMC *for Life* welcome kit. This kit has information about all the great benefits offered by your plan.



## MyHealth Questionnaire

Make sure to complete your MyHealth Questionnaire. This helps us better understand your health and provide you with the health care services you need. Complete the survey by filling out the copy we mail you or by following the online instructions.



## Member ID card

Show your UPMC *for Life* member ID card whenever you visit your doctor, medical provider, the hospital, or the pharmacy. This card is used in place of your red, white, and blue Medicare card. **You cannot use your ID card until your coverage effective date.**



## Go paperless

Update your preferences to get your plan materials online and get your important documents faster. Scan the QR code to learn more and update your preferences.



### Getting plan materials online lets you:

- Have safe and easy access to your documents 24/7.
- See your plan documents sooner than waiting for a hard copy.
- Receive less mail.
- Keep your health care costs low.
- Save paper and trees.

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

- Be a U.S. citizen or be lawfully present in the U.S.
- Live in the plan's service area.

**Important:** To join a Medicare Advantage plan, you must also have both:

- Medicare Part A (Hospital Insurance).
- Medicare Part B (Medical Insurance).

## When do I use this form?

You can join a plan:

- Between Oct. 15–Dec. 7 each year (for coverage starting Jan. 1).
- Within 3 months of first getting Medicare.
- In certain situations where you're allowed to join or switch plans.

Visit **medicare.gov** to learn more about when you can sign up for a plan.

## What do I need to complete this form?

- Your Medicare number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1 and sign the last page of the application. The items in Section 2 are optional. You can't be denied coverage because you don't fill them out.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Reminders:

- If you want to join a plan during fall open enrollment (Oct. 15–Dec. 7), the plan must get your completed form by Dec. 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Send your completed and signed form to:

UPMC *for Life*  
PO Box 2967  
Pittsburgh, PA 15230

Once they process your request to join, they'll contact you.

## How do I get help with this form?

Call UPMC *for Life* at **1-844-361-1663 (TTY: 711)**. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a UPMC *for Life* al **1-844-361-1663 (TTY:711)** o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

## Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a post office box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

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UPMC Health Plan Medicare Program

**Section 1 – All fields on this page are required (unless marked optional)**

**Select the plan you want to join:**

- \$0 - HMO No Rx (HMO) (**Does not include Part D prescription drug coverage**)
- \$0 - PPO Essential Care Rx (PPO)
- \$0 - PPO Premier Rx (PPO)
- \$19 - PPO Rx Choice (PPO)
- \$35 - HMO Rx Choice (HMO)
- \$90 - HMO Rx (HMO)

LAST Name:	FIRST Name:	Middle Initial (optional):
Birth Date: (__/__/____) (MM/DD/YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: ( )

Permanent Residence Street Address (Don't enter a PO Box):

City:	County (optional):	State:	ZIP Code:
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**Mailing address**, if different from your permanent address (PO Box allowed):

Street Address:	City:	State:	ZIP Code:
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**Your Medicare information**

**Medicare number:**    \_ \_ \_ - \_ - \_

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to UPMC *for Life*?

- Yes     No

Name of other coverage:                      Member number for this coverage:                      Group number for this coverage:

\_\_\_\_\_

Fill out this information as it appears on your red, white, and blue Medicare card:

Hospital (Part A) effective date: \_\_/\_\_/\_\_\_\_

Hospital (Part B) effective date: \_\_/\_\_/\_\_\_\_

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

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### Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T pay UPMC for Life the Part D-IRMAA.**

**Please select a premium payment option.** If you choose to pay your premium by Electronic Funds Transfer (EFT) or credit card, you will receive additional information about electronic premium payment options with your UPMC for Life plan confirmation of enrollment letter. **If you don't select a payment option, you will get a bill each month.**

- Get a bill
- Electronic Funds Transfer (EFT) from your bank account each month
- Credit card
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from:  Social Security     RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. If the first deduction does not include all premiums due from your enrollment effective date, we will send you a letter letting you know the amount you owe UPMC for Life for any premiums not deducted by Social Security or RRB. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

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### Attestation of Eligibility for an Enrollment Period

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from Oct. 15 through Dec. 7 of each year.** If you are filling out this application during the annual enrollment period, you do not need to complete this section. If you are enrolling outside of the annual election period, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

**Please read the following statements carefully, and check the box if the statement applies to you.** By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine this information is incorrect, you may be disenrolled.

- 
- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums), or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently left a PACE program on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I am leaving my employer or union coverage on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_/\_\_/\_\_\_\_\_.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- I am dropping a Part D plan (Medicare Advantage prescription drug plan or Part D prescription drug plan) in order to maintain my other creditable coverage. The coverage I currently have is \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact UPMC *for Life* at **1-844-361-1663** (TTY users should call **711**) to see if you are eligible to enroll. We are open Oct. 1 through March 31 seven days a week from 8 a.m. to 8 p.m., April 1 through Sept. 30 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

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**IMPORTANT: Signature required below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UPMC *for Life*
- By joining this Medicare Advantage, I acknowledge that UPMC *for Life* will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement above). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my UPMC *for Life* coverage begins, I must get all of my medical and prescription drug benefits from UPMC *for Life*. Benefits and services provided by UPMC *for Life* and contained in my UPMC *for Life* “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor UPMC *for Life* will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare

<b>Signature:</b>	<b>Today’s date:</b> __ / __ / ____
-------------------	-------------------------------------

**If you’re the authorized representative, sign above and fill out these fields:**

Name:	Address:
Phone Number:	Relationship to Enrollee:

**For individuals helping enrollee with completing this form only**

Complete this section if you’re an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name:	Relationship to enrollee:
Signature:	National Producer Number (Agents/Brokers only):

**OFFICE USE ONLY**

Name of Staff Member/Agent/Broker  
(if assisted in enrollment):

Plan ID#:	Effective Date of Coverage: __ / __ / ____	
ICEP/IEP:	AEP:	SEP (type):

If you assisted with this application, sign and date here: \_\_ / \_\_ / \_\_\_\_

Broker Received Date and Notes: __ / __ / ____	Agent/Broker Code: __ / __ / ____
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Application:  Mailed  Faxed

Y0069\_251103\_C



## Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his or her authorized representative). All information provided on this form is confidential and should be completed by each Medicare beneficiary or his or her authorized representative. **All fields on this form must be completed.**

Please initial in the box at the left to confirm that you will be discussing Medicare Advantage plans with the agent. See page 2 for Medicare Advantage plan descriptions.

**By signing this form, you agree to a meeting with a sales agent to discuss Medicare Advantage plans.** Please note, the person who will discuss the product is either employed or contracted by a Medicare Advantage plan. The individual does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare Advantage plan.

Beneficiary or authorized representative signature and signature date:	
Signature:	Signature date:
If you are the beneficiary's authorized representative, please sign above and print below:	
Representative's name:	Your relationship to the beneficiary:
To be completed by agent:	
Agent name:	Agent phone:
Beneficiary's name:	
Beneficiary's phone number:	
Beneficiary's address:	
Date of appointment:	
If the form was signed by the beneficiary at the time of the appointment, provide an explanation below as to why the Scope of Appointment (SOA) was not documented prior:	
Agent's signature:	

SOA documentation is subject to CMS record retention requirements.



TEAR HERE

## Medicare Advantage plans

**Medicare health maintenance organization (HMO)**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes includes Part D prescription drug coverage. With an HMO plan, you must receive your care from the plan’s network of doctors and hospitals (except in emergency and urgent care situations).

**Medicare preferred provider organization (PPO)**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes includes Part D prescription drug coverage. PPO plans have a network of doctors and hospitals you can use for care. You can also use out-of-network providers, usually at a higher cost.

**Medicare Special Needs Plan (SNP)**—A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medical Assistance (Medicaid), people who reside in nursing homes, and people who have certain chronic medical conditions.

CMS requires 48 hours between completing the Scope of Appointment form and meeting with an agent unless they are in the last four days of a valid enrollment period or if there is a walk-in appointment or unexpected meeting.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO D-SNP, and PPO plans. The HMO D-SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and UPMC Health Coverage Inc.

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## Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his or her authorized representative). All information provided on this form is confidential and should be completed by each Medicare beneficiary or his or her authorized representative. **All fields on this form must be completed.**

Please initial in the box at the left to confirm that you will be discussing Medicare Advantage plans with the agent. See page 2 for Medicare Advantage plan descriptions.

**By signing this form, you agree to a meeting with a sales agent to discuss Medicare Advantage plans.** Please note, the person who will discuss the product is either employed or contracted by a Medicare Advantage plan. The individual does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare Advantage plan.

Beneficiary or authorized representative signature and signature date:	
Signature:	Signature date:
If you are the beneficiary's authorized representative, please sign above and print below:	
Representative's name:	Your relationship to the beneficiary:
To be completed by agent:	
Agent name:	Agent phone:
Beneficiary's name:	
Beneficiary's phone number:	
Beneficiary's address:	
Date of appointment:	
If the form was signed by the beneficiary at the time of the appointment, provide an explanation below as to why the Scope of Appointment (SOA) was not documented prior:	
Agent's signature:	

SOA documentation is subject to CMS record retention requirements.



TEAR HERE

**Medicare Advantage plans**

**Medicare health maintenance organization (HMO)**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes includes Part D prescription drug coverage. With an HMO plan, you must receive your care from the plan’s network of doctors and hospitals (except in emergency and urgent care situations).

**Medicare preferred provider organization (PPO)**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes includes Part D prescription drug coverage. PPO plans have a network of doctors and hospitals you can use for care. You can also use out-of-network providers, usually at a higher cost.

**Medicare Special Needs Plan (SNP)**—A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medical Assistance (Medicaid), people who reside in nursing homes, and people who have certain chronic medical conditions.

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To find out more about UPMC *for Life*, call toll-free:

**1-844-361-1663 (TTY: 711)**

**Oct. 1 - March 31** seven days a week from 8 a.m. to 8 p.m.

**April 1 - Sept. 30** Monday through Friday from 8 a.m. to 8 p.m.  
Saturday from 9 a.m. to 3 p.m.

Go to **[upmchealthplan.com/medicare](https://upmchealthplan.com/medicare)**  
or scan this code to get started:



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