

UPMC Health Plan Options for 2024

FEDERAL EMPLOYEES HEALTH
BENEFITS PROGRAM

THE FEHB OPEN SEASON IS
NOV. 13 THROUGH DEC. 11
Learn more at
upmchealthplan.com/FEHB

UPMC HEALTH PLAN



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The FEHB Open Season is Nov. 13 through Dec. 11. If you are enrolled with UPMC Health Plan and you want to keep your current plan option for 2024, you do not need to do anything. For more information, visit opm.gov/insure.

UPMC HEALTH PLAN

THE CARE YOU NEED, THE EXTRAS YOU WANT

Providing great health care coverage involves more than paying claims for medical services. It means providing a seamless experience at every step. UPMC Health Plan is able to accomplish this because we're **part of a system that integrates clinical care and health care coverage**. We work closely with UPMC, other leading health care providers, and researchers at the University of Pittsburgh Schools of the Health Sciences to determine how to give our members what they want and need: easy and affordable access to world-renowned care.

Our Federal Employees Health Benefits (FEHB) Program medical plan options are designed to meet a variety of financial and health care needs, and they provide access to the clinical care and innovation of UPMC, many high-quality community providers, and programs and tools that can help members live their healthiest life.

FEHB employees and annuitants also have access to:



Nationally recognized doctors and hospitals and a national extended network for care away from home.



Free tools and health support programs that have a track record of success. As a member, you can work one-on-one with a health coach or use our apps to complete a lifestyle improvement program—at no cost.



Convenient medical care for physical and behavioral health concerns through virtual visits from a mobile device or phone calls with registered nurses.



Award-winning customer service from a Health Care Concierge who is eager to answer coverage and benefits questions.¹

The bottom line is that we're committed to getting you and all our members the care you need, when and where you need it.

ONE MEMBER'S STORY

"My concierge was very helpful, very friendly. During what would be considered a stressful and confusing call to our medical company, she was able to step in and make sure that I was given the proper documentation so that I can go over it. ... In doing that, it really, really, really made this call a whole lot easier. It was actually a joy to talk to her, so keep up the great work. Thank you."

TAKE A HEALTHY STEP

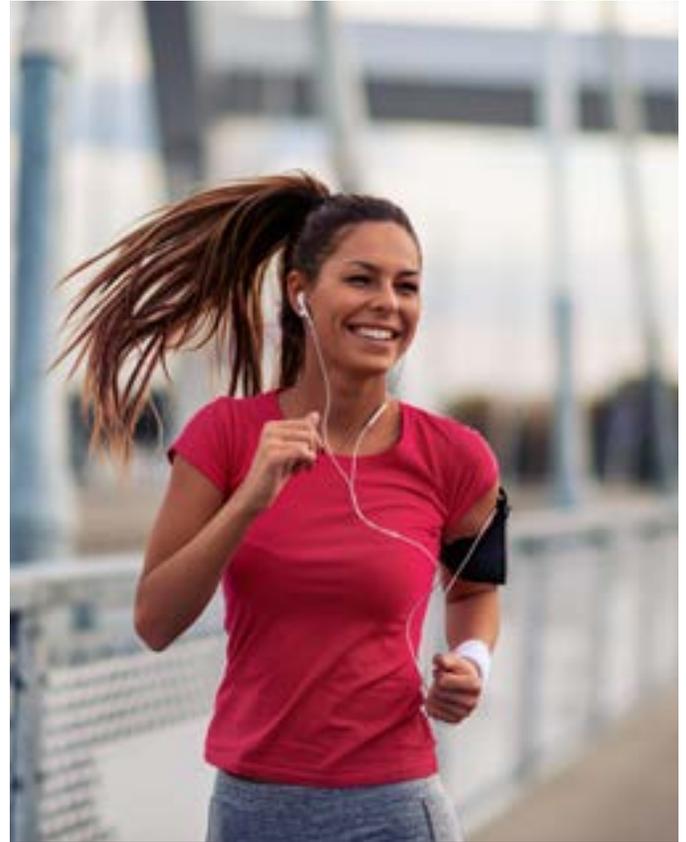
BEGIN YOUR JOURNEY TO BETTER HEALTH TODAY

Take a Healthy Step is available for all our FEHB plan options, giving you the customized health and wellness resources you need to meet your goals.

This program encourages you to take simple but important steps to manage your health and lead a healthier lifestyle. It offers resources, tools, and support to help you on your journey to better health.

Download the free UPMC Health Plan app today from the App Store or Google Play™ to check your Take a Healthy Step status.

**Visit upmchealthplan.com/fehb
to learn more and see
all that is available to you.**



Take a Healthy Step is customized to your needs, so the more you engage, the more you will benefit!

Your health is important, and this program is designed to help you live your healthiest life!

FEHB COSTS FOR WESTERN PENNSYLVANIA SERVICE AREA

These rates do not apply to all enrollees. If you are in a special enrollment category, refer to your special FEHB guide or contact the agency that maintains your medical benefits enrollment.

These counties make up our service area: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

Type of enrollment	Enrollment code	Premium rate			
		Biweekly		Monthly	
		Gov't share	Your share	Gov't share	Your share
Standard Option—Self Only	UW4	\$267.18	\$89.06	\$578.89	\$192.96
Standard Option—Self Plus One	UW6	\$586.50	\$213.42	\$1,270.75	\$462.41
Standard Option—Self and Family	UW5	\$628.47	\$209.49	\$1,361.69	\$453.89
HDHP Option—Self Only	8W4	\$242.15	\$80.72	\$524.66	\$174.89
HDHP Option—Self Plus One	8W6	\$536.55	\$178.85	\$1,162.52	\$387.51
HDHP Option—Self and Family	8W5	\$558.45	\$186.15	\$1,209.98	\$403.32

UPMC HEALTH PLAN OPTIONS FOR 2024 UNDER THE FEHB PROGRAM

STANDARD OPTION HMO PLAN

UPMC HEALTH PLAN		
Annual Deductible (Embedded)		
Self Only		\$850
Self Plus One or Self and Family		\$1,700
Annual Health Incentive Account Opportunity		
Self Only		Up to \$250
Self Plus One or Self and Family		Up to \$500
Annual Out-of-Pocket Max (Embedded)		
Self Only		\$6,000
Family		\$12,000
Copayments (Deductible does not apply)		
PCP Office Visit		\$20
Specialist Office Visit		\$50
Virtual Urgent Care Visit		\$5
Urgent Care Visit		\$75
Emergency Room Visit		\$150
Member Cost Share After Deductible		
Coinsurance		20%
Preventive Care		\$0
Deductible, coinsurance, and prescription drug copays accumulate to the annual out-of-pocket maximum.		
Prescription Drug Copayments	30-day supply	90-day supply (by mail)
Tier 1 Preferred generic	\$20	\$40
Tier 2 Preferred brand and generic	\$50	\$100
Tier 3 Nonpreferred brand and generic	\$100	\$200
Tier 4 Specialty medications	50% of the discounted cost of the drug (max \$250)	N/A
Tier 5 Preventive medications (per ACA)	\$0	\$0
Tier 6 Oral chemotherapy (brand and generic)	20% after deductible	N/A

This is a summary of the features of the UPMC Health Plan options. Before making a final decision, please read the Health Plan's Federal Employees Health Benefits Program Brochure RI 73-797. All benefits are subject to the definitions, limitations, and exclusions set forth in the plan brochure.

PREMIUM REIMBURSEMENT

For annuitants who are enrolled in the Standard Option HMO and have elected to enroll in Medicare Parts A and B:

UPMC Health Plan has a Medicare premium reimbursement program that's available to you each year that you are enrolled. On Jan. 1, 2023, UPMC Health Plan began to offer UPMC *for Life* FEHB Retirees for members who meet the previously mentioned criteria. You can enroll in our Medicare Advantage plan without suspending your FEHB coverage. For details, see page 10.

Here's how it works:

1. Enroll in the Standard Option HMO plan.
2. Enroll in Medicare Parts A and B.
3. Your coinsurance will be reduced to 0 percent.
4. You'll receive up to \$800 in premium reimbursement through a health reimbursement arrangement (HRA).
5. Set up a reimbursement by mail or online using the forms found at upmchp.us/fehbmedicare.

	Annual plan deductible	Member coinsurance	Premium reimbursement
Standard Option with Medicare Part A	\$850 for Self Only coverage	20% after deductible	N/A
Standard Option with Medicare Parts A and B	\$700 for Self Only coverage	0% after deductible	Up to \$800 per member
Standard Option with Medicare Parts A and B and UPMC <i>for Life</i> FEHB Retirees Medicare Advantage Plan	\$0	0% coinsurance	Up to \$800 per member

HDHP OPTION PPO PLAN

	In-Network	Out-of-Network
Annual Deductible (Aggregate)		
Self Only		\$2,000
Self Plus One or Self and Family		\$4,000
Annual Premium Pass-Through—HSA (or HRA if not eligible for HSA)		
Self Only	\$900 per year/\$75 per month	
Self Plus One or Self and Family	\$1,800 per year/\$150 per month	
Annual Health Incentive Account Opportunity		
Self Only	Up to \$75	
Self Plus One or Self and Family	Up to \$150	
Annual Out-of-Pocket Maximum (Embedded)		
Self Only	\$6,000	\$8,000
Self Plus One or Self and Family	\$12,000	\$16,000
Cost Share After Deductible		
Coinsurance (member pays)	15%	40%
Preventive Care	\$0	40%
<i>Deductible, coinsurance, and prescription drug copays accumulate to the annual out-of-pocket maximum.</i>		
Prescription Drug Copayments (after deductible)	30-day supply	90-day supply (by mail)
Tier 1 Preferred generic	\$20	\$40
Tier 2 Preferred brand and generic	\$50	\$100
Tier 3 Nonpreferred brand and generic	\$100	\$200
Tier 4 Specialty prescription drug	50% of the discounted cost of the drug (max \$250)	N/A
Tier 5 Preventive medications (per ACA)	\$0	\$0
Tier 6 Oral chemotherapy (brand and generic)	15% after deductible	N/A
Safe Harbor preventive medications	\$20 copayment, deductible does not apply	\$40 copayment, deductible does not apply

This is a summary of the features of the UPMC Health Plan options. Before making a final decision, please read the Health Plan's Federal Employees Health Benefits Program Brochure RI 73-797. All benefits are subject to the definitions, limitations, and exclusions set forth in the plan brochure.

5 GREAT REASONS TO CHOOSE THE HIGH-DEDUCTIBLE HEALTH PLAN OPTION

- 1. You will pay lower premiums:** Your monthly payment will be lower than the premium for the Standard Option HMO plan.
- 2. Your coinsurance will be just 15 percent:** Coinsurance is the percentage of your medical costs that you must pay after you meet your deductible.
- 3. You will get a health savings account (HSA):** You will receive \$900 for a Self Only plan and \$1,800 for a Self Plus One or Self and Family plan per year. Each month, UPMC Health Plan will contribute \$75 to this account if you enroll in a Self Only plan. If you enroll in a Self Plus One or Self and Family plan, you will get \$150 per month.
- 4. You can boost your savings:** The Health Plan will contribute to your HSA, and you can make deposits (up to an annual limit) on a tax-free basis. Once your HSA has a balance of more than \$1,000, you can invest the excess funds.
- 5. Take a Healthy Step program:** You can earn up to \$150 in your HSA* for completing the health questionnaire and biometric screening, then participating in health or lifestyle coaching and other customized healthy activities.

Three things to love about HSAs:

- It's your account and your money, so you can take it with you if you change jobs or retire.
- You can use your HSA funds to pay for qualified health care expenses before you meet your deductible.
- Eligible contributions are tax-free. So are interest and investment earnings. Funds you spend on qualified health care expenses are tax-free too.

If you are not eligible for an HSA, let us know and we'll help you open a health reimbursement arrangement (HRA).

We will give you \$900 for the plan year if you enroll in a Self Only plan. If you enroll in a Self Plus One or Self and Family plan, you will receive \$1,800.

**\$75 for Self Only enrollment or \$150 for Self Plus One or Self and Family enrollment*

This document is for informational purposes only and should not be construed as legal or tax advice. Health savings accounts are subject to all applicable laws and regulations including, but not limited to, the Internal Revenue Code.

MEDICARE ADVANTAGE PLAN OPTION

UPMC for Life FEHB Retirees						
Self Only Deductible			\$0			
Annual Out-of-Pocket Max (Embedded) Individual			\$3,400 per retired member enrolled with Medicare Parts Part A and B			
PCP Office Visit			\$0			
Specialist Office Visit			\$25			
Virtual Urgent Care Visit			\$0			
Urgent Care Visit			\$0			
Emergency Room Visit			\$0			
Preventive Care			\$0			
Prescription Drug Copayments						
30-DAY SUPPLY			90-DAY SUPPLY			
	Retail		Retail		Mail Order	
Tier	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
Tier 1 Preferred generic	\$0 copay	\$15 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Tier 2 Generic	\$10 copay	\$20 copay	\$20 copay	\$40 copay	\$20 copay	\$40 copay
Tier 3 Preferred brand	\$47 copay	\$47 copay	\$129.50 copay	\$141 copay	\$117.50 copay	\$141 copay
Tier 4 Nonpreferred	\$100 copay	\$100 copay	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Tier 5 Specialty	33% coinsurance	33% coinsurance	Not offered	Not offered	33% coinsurance limited to a 30-day supply	33% coinsurance limited to a 30-day supply
<p><i>If you receive Extra Help (Low Income Subsidy) from Medicare for prescription drug costs, you may have a lower copay or coinsurance than what is listed above. You may not receive cost savings from using a preferred pharmacy.</i></p>						
<p>Get a complete Medicare Advantage plan without suspending your FEHB coverage!</p>						

To learn more about UPMC for Life FEHB Retirees, please read the Plan's Federal brochure RI 73-797, page 145, (Section 9) Coordinating Benefits with Medicare and Other Coverage—Medicare Part B Premium Reimbursement upmchealthplan.com/fehb.

This is a summary of applicable out-of-pocket costs. For a complete list, please call 1-844-383-1819 (TTY: 711).

MEDICARE ADVANTAGE PLAN COST OF CARE

You and UPMC Health Plan will share the cost of your care (cost sharing). This means you must pay a portion of your health care expenses and UPMC Health Plan will pay a portion.

Here are some important things to know about this plan:

COPAY

A copay is a fixed amount you pay when you receive a covered service or item. For example, you might pay a \$25 copay for a specialist doctor visit. Generally, copays are paid at the time you receive care.

NETWORK

This plan is an HMO plan. This means that to have coverage, you must use doctors and hospitals in the plan's participating provider network. Use our provider search tool at upmchealthplan.com/find to make sure your doctors participate in our network.

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum for the UPMC *for Life* FEHB Retirees plan is \$3,400. This is the most you will have to pay during the plan year for covered medical services. Once you reach this limit, your plan will pay all costs for covered medical services. This is not a deductible. This limit does not include Part D prescription drug costs.

PREVENTIVE SERVICES

UPMC Health Plan covers many preventive services at 100 percent. This means you can get this important care at no additional cost and even earn rewards for doing it. For more information on preventive services, see page 26 of this booklet.

More information about the Medicare Advantage plan option can be found at upmchp.us/fehb-retirees

RETAIL PHARMACIES

Our network includes standard pharmacies and preferred pharmacies. You can go to either type of pharmacy to pick up your prescriptions.

Preferred pharmacies have agreed to offer our lowest copays for covered prescription drugs. Standard pharmacies do not offer our lowest copays.



-  UPMC Health Plan pays
-  Member pays

This means you can save money when using pharmacies in our preferred pharmacy network. You will have a \$0 copay when you fill a preferred generic prescription (Tier 1) at a preferred pharmacy during the initial coverage phase.

Here are some of our preferred pharmacy locations: Giant, Giant Eagle, Rite Aid, Sam's Club, Walgreens, Walmart, and Weis.

STANDARD OPTION HMO COST OF CARE

You and UPMC Health Plan will share the cost of your care (**cost sharing**). This means you must pay a portion of your health care expenses and UPMC Health Plan will pay a portion.

Until you meet your **deductible**, you must pay the full cost of any health care services you receive. Under the Standard Option HMO, there are services with **copayments**. A copayment is a flat fee you must pay for covered health care services. Your copayment amount will depend on the type of doctor you are seeing and the type of visit you are having. Copayments apply to your out-of-pocket maximum, but they don't count toward your deductible. If a service requires a copayment, the deductible does not apply.

Coinsurance is what you pay after you meet your deductible. You will pay 20 percent coinsurance, UPMC Health Plan will pay the remaining 80 percent. You will pay your share of the cost until you meet your **out-of-pocket maximum**. This is the most you will have to pay for health care expenses in a plan year. Once you meet your maximum, UPMC Health Plan will pay for 100 percent of your care.

UPMC Health Plan covers many preventive services for children and adults at 100 percent. This means you won't have to pay anything. **For more information on preventive services, see page 26 of this booklet.**

With the Standard Option HMO plan, the deductible for any one person is the Self Only deductible. (It does not apply for services that require a copayment.) If you enroll more than one family member, the Self and Family deductible will apply; however, one family member cannot exceed the Self Only amount of \$850.

For the Standard Option HMO, your debit card can be used toward your deductible, coinsurance, and prescription drug copayments, but it cannot be used for medical service copayments.

More information on the Standard Option HMO plan can be found at upmchp.us/fehbstandard as well as in the **2024 Federal Brochure**.

STANDARD OPTION HMO

Annual deductible

You must pay 100% (\$850 for Self Only coverage; \$1,700 for Self Plus One or Self and Family coverage).

100%



20%
80%

100%

Annual out-of-pocket maximum

UPMC Health Plan will pay 100% after you meet your out-of-pocket maximum (\$6,000 for Self Only coverage; \$12,000 for Self Plus One or Self and Family coverage).

Preventive care must be provided by participating providers and billed as preventive to be covered at 100 percent.

-  UPMC Health Plan pays
-  Member pays

HDHP OPTION PPO COST OF CARE

The HDHP includes an HSA. You can use your HSA to cover your eligible medical expenses **before** you meet your deductible.

The HDHP has a combined medical and prescription drug deductible. After you meet this deductible, copayments will apply to prescription drugs. You must pay the full discounted rate for most prescription drugs until you meet your deductible. However, the IRS provides an exception for preventive care benefits, known as a “safe harbor.” This provision allows you to get certain preventive medications for only the applicable copayment before you meet the deductible. Remember, you can use your HSA funds to help cover these expenses.

Under IRS rules, some enrollees may not be eligible to open an HSA. If you are not eligible to open an HSA, you are eligible for a health reimbursement arrangement (HRA). See UPMC Health Plan’s Federal Employees Health Benefits Program Brochure RI 73-797 at upmchealthplan.com/fehb for HSA eligibility criteria and information about HRAs.

More information about the HDHP option can be found at upmchp.us/fehbhdhp as well as the **2024 Federal Brochure**.

Questions? Call the UPMC Health Plan Health Care Concierge team at **1-877-648-9641**. Help is available Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.

-  UPMC Health Plan pays
-  Member pays

HDHP OPTION PPO

Annual deductible

You must pay 100%
(\$2,000 for Self Only coverage; \$4,000 for Self Plus One or Self and Family coverage).

100%

Premium carryover HSA contributions (\$900 and \$1,800)

HSA can be used to help pay for the deductible.

Coinsurance

You will pay 15% of the cost of your care.
UPMC Health Plan will pay 85%.

85%

15%

Annual out-of-pocket maximum

UPMC Health Plan will pay 100% after you meet your out-of-pocket maximum (\$6,000 for Self Only coverage and \$12,000 for Self Plus One or Self and Family coverage with in-network providers; \$8,000 for Self Only coverage and \$16,000 for Self Plus One and Self and Family coverage with out-of-network providers).

100%

CARE WHEN YOU NEED IT, CARE WHERE YOU WANT IT

UPMC Health Plan has you covered, no matter where you are. This chart explains your options for care.

Care option	Details	When to use	Availability	Cost
Primary care provider (PCP)	Your go-to for planned care and when you don't feel well	<ul style="list-style-type: none"> Well-visits Sick visits Preventive services (such as screenings or flu shots) Care coordination for tests or specialist care Chronic condition management (such as for diabetes or high blood pressure) 	Usually need an appointment, but many PCPs have same-day appointments; telehealth options may be available	For the Standard Option HMO, a copayment will apply. For the HDHP option, your deductible and/or coinsurance will apply.
UPMC MyHealth 24/7 Nurse Line²	Phone and online service in which a UPMC registered nurse answers health-related questions	<ul style="list-style-type: none"> Advice for treating a condition at home Guidance about whether to seek a higher level of care 	Phone: 24 hours a day, 7 days a week Web: Response provided within 24 hours	No cost
UPMC AnywhereCare³	Virtual visit with a provider right from your computer, tablet, or smartphone	<ul style="list-style-type: none"> Colds, sinus infections, and allergy symptoms Bronchitis Diarrhea Sore throats Pink eye Rashes 	24 hours a day, 7 days a week	For the Standard Option HMO, a copayment will apply. For the HDHP option, your deductible and/or coinsurance will apply.
Urgent care	Nonhospital facility that provides immediate care	<ul style="list-style-type: none"> Sprains, strains Minor burns Small cuts that may need stitches 	Typically open 7 days a week, no appointment required	For the Standard Option HMO, a copayment will apply. For the HDHP option, your deductible and/or coinsurance will apply.
Emergency department⁴	Hospital facility for emergency conditions that require immediate care	<ul style="list-style-type: none"> Heavy bleeding Chest pain Serious burns Difficulty breathing Broken bones Any life-threatening condition 	Generally 24 hours a day, 7 days a week	For the Standard Option HMO, a copayment will apply. For the HDHP option, your deductible and/or coinsurance will apply.

PHARMACY BENEFITS

Pharmacy coverage is an important part of a health plan. UPMC Health Plan strives to provide both value and choice by offering access to high-quality, effective generic and brand-name drugs.

FIND A PHARMACY NEAR YOU

When you need to fill a prescription, you'll have access to a nationwide network of retail chain pharmacies, including CVS, Rite Aid, and Walmart; regional chain pharmacies; and many independent pharmacies.*

You may receive a 90-day supply of medication at certain retail pharmacies. Three copayments will apply. (Under the HDHP option, your deductible must be met before copayments apply.)

To find a pharmacy near you, visit upmchealthplan.com, then follow the instructions on page 17 of this guide.

HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR

You can sign up for convenient home delivery—with free standard shipping—through Express Scripts Inc. This service is best for medications that you take on an ongoing basis. Once you're a member, visit express-scripts.com/lowercost or call **1-877-787-6279 (TTY: 1-800-899-2114)**.

USE OUR SPECIALTY MEDICATION SERVICES

UPMC Health Plan's specialty medication services provide personalized, highly technical support that you can't get from a traditional retail or mail-order pharmacy. We offer therapy-specific programs, financial assistance, compliance monitoring, and more—all with the goal of helping you get the most from your treatments.

Specialty medications are used to treat complex and rare conditions. These drugs may require:

- Close management by a health care provider.
- Frequent dosing adjustments.
- In-depth training for the patient.
- Special handling or administration.

Specialty medications are limited to a 30-day supply.

UPMC Health Plan uses Accredo—a division of Express Scripts Inc.—and Chartwell to administer our members' specialty medications.

Both can dispense medications to your physician's office or your home (depending on where you'll take the medicine).

- Chartwell Specialty Pharmacy: 1-800-366-6020
- Accredo: 1-888-853-5525

FIND OUT WHETHER YOUR MEDICATION IS COVERED

It's easy to see if the medication you're taking would be covered, what your copayment or coinsurance would be, and whether you would need prior authorization for it. Search for your medication by visiting upmchealthplan.com/find-a-medication.

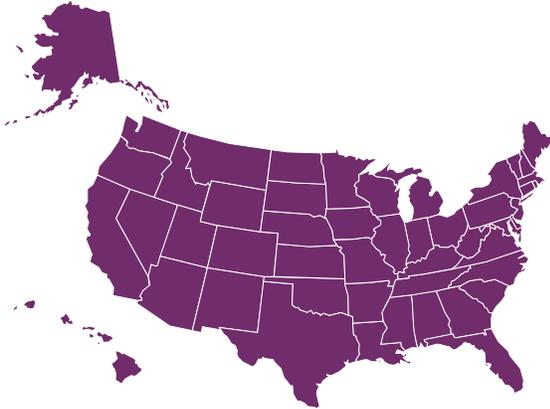
HAVE A PERSONAL REVIEW

After you enroll with UPMC Health Plan, you can have a medication review with a member of our pharmacy staff. They will talk with you about the medications you are taking, then help you address any prior authorization or formulary issues before you go to the pharmacy.

You can request a review by submitting the Pharmacy Review Form that's available at upmchealthplan.com/pharmacyreview.

**Please call 1-877-648-9641 (TTY: 711) for information about participating pharmacies.*

FIND CARE WHEREVER YOU ARE



The UPMC Health Plan extended network provides access to high-quality care for members who are outside our service area. If you are outside our HealthcareSM service area and not in Ohio, you can use the Cigna HealthcareSM PPO Network.⁵ It has more than 1 million health care providers and 6,100 hospitals. If you are traveling in Ohio, you can access care through the SuperMed PPO Network.⁶ UPMC *for Life* FEHB Retirees plan members can receive emergency and urgent care anywhere in the U.S., and they have the access to assistance through the Travel Concierge program. They will pay the same cost sharing in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee as they would at home.

ONE MEMBER'S STORY

"Excellent coverage in our region. Fast, accurate, and clear interactions with all levels of the organization."



FINDING CARE FOR DEPENDENTS WHO LIVE OUTSIDE THE SERVICE AREA

If you have dependents (up to age 26) who live, work, or study outside our service area, they have coverage through the extended network.

Call Member Services at **1-877-648-9641 (TTY: 711)** and a Health Care Concierge can help you find an urgent care center or another participating provider.

Note: In an emergency, you can visit any emergency room, even if the hospital does not participate with UPMC Health Plan.



EMERGENCY TRAVEL ASSISTANCE

If you experience an emergency while traveling more than 100 miles from home (including to another country) for less than 90 days, Assist America⁷ can connect you to doctors, hospitals, pharmacies, and more.

Members can download the Assist America app to contact the 24/7 Emergency Operations Center and quickly access these and other services:

- Emergency medical evacuation
- Medical monitoring and referrals
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance

FIND PARTICIPATING DOCTORS, HOSPITALS, AND FACILITIES

When you're choosing a health plan, the doctors in the network are an important part of your decision. It's easy to find providers that participate with UPMC Health Plan.



To search our online provider directory, go to upmchealthplan.com and click Find Care at the top of the screen, then follow these directions:

1. If you are a current member, click **I'm a Member** and enter your member ID number. If you are not yet a member, select **I'm Just Browsing**.
2. Select the kind of care you are looking for (medical, behavioral health, dental, vision, home- and community-based services, or pharmacy).
3. Select how you get your health insurance from the dropdown menu. (Current members will skip this step.)
4. Choose the appropriate button based on how you want to search. You can find a provider using their name, or you can search by provider type, specialty, procedure, service, or equipment.
5. Type a last name, practice name, specialty, or other search term in the field below the buttons.
6. Type the county, address, city, or ZIP code where you want to receive care; indicate the distance you're willing to travel; then click **Search**.
7. If you know your network, you can select it from the dropdown menu. You can filter your results by network, language, virtual visit availability, and more. You can also view information about a provider's location and hours of operation.





CONVENIENT NONEMERGENCY CARE OPTIONS



UPMC ANYWHERECARE

The next time you get sick, don't waste time waiting. With UPMC AnywhereCare, you can have a virtual visit with a health care provider right from your smartphone, tablet, or computer. Children up to age 17 will be seen by pediatric providers from UPMC Children's Hospital of Pittsburgh.⁸

- You can get prompt treatment for a variety of nonemergency conditions, including cold and flu symptoms, sinus infections, allergies, and rashes.
- If you need a prescription, the provider will send it to your preferred pharmacy.
- Providers are available 24 hours a day, 365 days a year.
- You can also use UPMC AnywhereCare to review your medications with a licensed pharmacist or consult with a health navigator about health coaching, our Prescription for Wellness program, or a personal health review.

Get quality care at a low cost

As a UPMC Health Plan member, you will pay much less to use UPMC AnywhereCare than you would for a visit to an urgent care facility or emergency room.

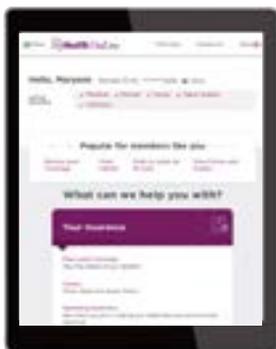
Learn more at UPMCAnywhereCare.com.

UPMC MYHEALTH 24/7 NURSE LINE

Registered nurses are available to answer your general health questions or help you determine what care you need to treat an injury or illness. After you describe your symptoms, the nurse will tell you the best way to treat your condition at home or advise you to seek medical care. Nurses are available 24 hours a day, 365 days a year. You can receive an immediate response by phone or an emailed answer within 24 hours through MyHealth OnLine.

HELP AT YOUR FINGERTIPS

WEBSITES AND APPS TO HELP YOU MANAGE YOUR HEALTH AND YOUR INSURANCE.



MYHEALTH ONLINE

Our secure member website can give you information about your health insurance and access to wellness resources. As a member, you can log on to:

- Check your plan benefits, coverage, spending summary, and claims.
- View, order, or print member ID cards.
- Search for participating providers.
- Explore treatment options and use our medical cost estimator to get an idea of the cost.
- View your flexible spending account, HSA, or HRA balance and access the UPMC Consumer Advantage website.
- Take the MyHealth Questionnaire and receive a customized plan to get or stay healthy.
- View your previous coverage (if applicable).

Once you have a member ID card, you can access MyHealth OnLine from upmchealthplan.com.

ONE MEMBER'S STORY

"This is living in the 21st century! I have little kids, which means I'm always busy and get more than my fair share of colds and sinus infections. Instead of an hour round trip to the nearest urgent care, I got a courteous provider who listened to my symptoms and prescribed me a path out of my sinus infection in under five minutes. No waiting in line, no gross waiting room, no hauling my kids around, no problem."



UPMC HEALTH PLAN APP

Once you're a member, you can use this app to:

- Access digital member ID cards for yourself and your family.
- Live chat with a Health Care Concierge or health coach.
- Learn the cost of a prescription or find a pharmacy.
- Track your progress toward your deductible and out-of-pocket maximum.
- Search for in-network providers.
- View your recent medical claims.
- Complete the MyHealth Questionnaire.



MYUPMC

The secure website and app both allow you to:

- Communicate with your UPMC providers.*
- Schedule and manage your appointments.
- View your medical records and test results.
- Renew your prescriptions.
- Pay bills you've received from UPMC providers.

Visit MyUPMC.com to create your MyUPMC account or download the app from your device's app store.

**MyUPMC is available only to UPMC patients. Your health information will not appear in MyUPMC if you receive care from participating providers who are outside of the UPMC system. MyUPMC is not available for some central Pennsylvania patients. UPMC Carlisle, UPMC Hanover, UPMC Lititz, UPMC Memorial, UPMC Harrisburg, UPMC West Shore, and UPMC Community Osteopathic patients can use the Central PA Portal for patient information.*

PROGRAMS TO HELP YOU STAY HEALTHY



HEALTH COACHING

You can achieve your health-related goals by working with a health coach. They can help you stay motivated and keep you accountable. Health coaching is available at no cost to you.

Our **lifestyle coaching** can help you:

- Lose weight.
- Eat healthier.
- Reduce your stress.
- Quit using tobacco.
- Increase your physical activity.
- Build healthier habits.
- Create a healthy family plan.

Our **condition management programs** can help you:

- Manage your diabetes or heart disease.
- Control your asthma or other chronic conditions.

Our health coaches are registered dietitians, nurses, certified diabetes counselors, tobacco cessation counselors, exercise physiologists, public health professionals, or licensed social workers. They can:

- Customize a plan that will align with your priorities and learning preferences.
- Encourage you to set goals and overcome challenges.
- Provide support and resources that can help you reach your goals.

Health coaching sessions are available by phone, video, or chat, depending on the program you choose.



RXWELL

Our RxWell® app is designed to help you become emotionally and physically healthy. It combines health coaching support with provider-endorsed techniques. The app's programs focus on a variety of wellness topics—from stress, anxiety, and depression to nutrition, weight management, and tobacco cessation.

With RxWell, you can work to reach a healthy mental and physical state.*

Once you're a member, you can download RxWell from your device's app store or call **1-855-395-8762 (TTY: 711)** to connect with a clinical navigator who can help you get started.

**Available for members who are 16 or older.*





HEALTH AND WELLNESS DISCOUNTS

As a UPMC Health Plan member, you'll get exclusive discounts on gym memberships, activity trackers, and other health and wellness products through two great programs.

The **ChooseHealthy® program** can empower you to advance your health and well-being through a diverse range of products. You can use ChooseHealthy's online store to save up to 55 percent on popular health and fitness brands. These brand-name wellness products can help you live better every day.

With the **Active&Fit Direct™ program**, you have access to more than 11,000 fitness centers nationwide and over 4,000 on-demand fitness videos.

SilverSneakers® Fitness Program

UPMC *for Life* FEHB Retiree members can join local participating fitness facilities at no cost. Get physically fit and stay active with membership perks that include unlimited FREE access to participating fitness facilities.

The ChooseHealthy program is provided by ChooseHealthy Inc., and the Active&Fit Direct program is provided by American Specialty Health Fitness Inc., both subsidiaries of American Specialty Health Inc. (ASH), a national provider of fitness, health education, musculoskeletal provider networks, and health management programs. Active&Fit Direct and ChooseHealthy are trademarks of ASH and used with permission herein.

REPRODUCTIVE HEALTH CARE

When it comes to reproductive health, UPMC Health Plan has information and resources that can help you enjoy your best health.

PREVENTIVE CARE

You can go to your participating ob-gyn for all covered ob-gyn care, including outpatient services and inpatient admissions. You should choose a gynecologist as soon as you become a UPMC Health Plan member so that they can help you stay healthy. Preventive care can be scheduled year-round.

Your preventive care benefits may include the following:

- Breast cancer screenings (mammograms)
- Cervical cancer screenings
- Chlamydia screenings
- Bone density testing

Once you're a member, you can schedule preventive imaging services at one of our convenient locations.

Family planning

We cover a variety of family planning services:

- Pre- and postnatal care and support
- Counseling on pregnancy spacing
- Options for members who are interested in birth control



A MATERNITY PROGRAM PERSONALIZED TO YOU

Through Baby Steps, UPMC Health Plan's maternity program, you will be connected with a maternity health coach who will provide caring, clinical support throughout your pregnancy. There is no cost for this service.

Baby Steps health coaches are registered nurses who are experienced in obstetrics. They can:

- Help you form questions for upcoming doctor appointments.
- Tell you about ways to manage your pain during labor.
- Talk with you about healthy eating and foods to avoid during pregnancy.
- Help you find prenatal exercise and parenting classes.

You can talk with your coach over the phone at times that are convenient for you.



CHOOSE THE BIRTH EXPERIENCE YOU WANT

As a member of UPMC Health Plan, you will have coverage to deliver in a traditional hospital setting—such as a UPMC or in-network community hospital—or at a birthing center.

Our growing network includes both world-renowned obstetricians and board-certified midwives.

Support for breastfeeding

Once you are a UPMC Health Plan member, your coverage will include breastfeeding classes. Members who have given birth and intend to breastfeed can receive a breast pump (valued at more than \$200) at no cost.⁹

LEARN MORE

For more information about our Baby Steps program, go to upmchealthplan.com/maternity.

ONE MEMBER'S STORY

"It is a fantastic program that will not only help you, but make you feel like you are in control of your pregnancy—and that is hard to come by if you don't have a lot of family support."

BEHAVIORAL HEALTH CARE COMES WITH EVERY PLAN

UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer. Whether you want to make small changes to improve your life or are in recovery from a significant behavioral health issue, we can help.

Our services include resources for these and other issues:*

- Emotional difficulties
- Bereavement issues
- Marital or family concerns
- Mental health disorders
- Substance use or dependence

EXTRA SUPPORT FOR THOSE WHO WANT IT

As a member, you will have access to licensed behavioral health care managers who can provide referrals and link you to resources that match your needs.

In addition, you can participate in our condition management programs to help you manage depression, anxiety, substance use, grief, or pain management issues. You'll be paired with a licensed clinician who will help you set goals, challenge negative thinking, and recognize when you need help.

These programs are available at no cost to you, and you can complete them over the phone or virtually through our UPMC AnywhereCare app.

**Not all services are covered by all plans. Before seeking services, please check your plan documents or call Member Services to learn what is covered by your plan.*





TRANSITION OF CARE FOR NEW MEMBERS

If you join UPMC Health Plan while receiving ongoing treatment from a health care provider who is not in our network, you may be eligible for coverage of continued treatment with that provider. This is called “transition of care.”

The transition of care period may last for up to 90 days, effective from your date of enrollment. UPMC Health Plan will consult with you and the provider and may extend the transition of care period beyond 90 days if clinically appropriate, such as with pregnancies.

Please note: Transition of care is not automatic or guaranteed. To apply, you must complete and return a UPMC Health Plan Transition of Care Request Form within 30 days of your coverage effective date. Visit upmchealthplan.com/members/learn/getting-started to download a form and email it to your provider.

For more information, please call the UPMC Health Plan Open Enrollment Hotline at **1-877-648-9641** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.



THE POWER OF PREVENTION

We believe that the disease or condition that's easiest to treat is the one you never get. That's why we cover many adult and child preventive services at 100 percent.¹⁰

Our preventive services fall into three categories:

- Screenings
- Immunizations
- Health exams

Common adult screenings include cholesterol, blood pressure, and mammograms. Common adult immunizations include the tetanus, diphtheria, pertussis, and flu vaccines. Wellness exams are common for both children and adults.

Visit upmchp.us/23psrg to see all covered preventive services for adults and children up to age 18.

Have questions about which screenings are covered?

Call the UPMC Health Plan Open Enrollment Hotline at **1-877-648-9641** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.

PRIVACY AND CONFIDENTIALITY

Your information—including any information that could be used to identify you, your health information, and data about the services you have received—is kept confidential subject to the limitations and exceptions set forth below.

UPMC Health Plan uses your personal, health, and financial information internally and with our contracted agents or providers only.

Unless we have obtained your consent, we will only use your information for:

- Your health care treatment.
- Health care operations that are required to provide that treatment.
- Payment of your health care claims.

We will not share your personal information with your employer except as described in UPMC Health Plan's Notice of Privacy Practices. We will not disclose your information for any purpose beyond the three described above unless you authorize us or the law requires us to do so.

You have the right to access your medical records. You should contact your health care provider for these files.

Your rights concerning your information include the right to access, amend, and restrict access to your information.

You can request an alternate communication method or an alternate location for delivery of Health Plan communications.

You have the right to know any time UPMC Health Plan discloses your protected health information (PHI) if it was not used for treatment, health care operations, or health care payment purposes. UPMC Health Plan policies and procedures protect PHI for current, former, and prospective members (living or deceased) in compliance with all applicable laws. These policies and procedures protect your information regardless of its format: oral, written, or electronic.

UPMC Health Plan complies with all aspects of and requirements set forth under the Health Insurance Portability and Accountability Act of 1996 and all applicable state laws. The full Health Plan Notice of Privacy Practices can be found at **upmchealthplan.com**.

For questions about the privacy and confidentiality of your PHI, call UPMC Health Plan at the number on the back of your member ID card or contact the Open Enrollment Hotline. For questions about the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at **1-888-251-0083 (TTY: 711)**.

INFORMATION AND BENEFITS

DENTAL BENEFITS

Dental coverage is included as part of your UPMC Health Plan enrollment. Covered services include:

- An oral exam every six months.
- Most diagnostic x-rays.
- Topical fluoride treatment.
- Teeth cleaning every six months.

Visit upmchealthplan.com/fehb to find a participating dentist and learn about dental discounts you can access. You can also call **1-877-648-9641 (TTY: 711)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m.

VISION BENEFITS

Routine vision benefits through UPMC Vision Care are included as part of your UPMC Health Plan enrollment at no cost to you.

All members are eligible to receive one eye exam every 24 months.

Dental and vision benefits are neither offered nor guaranteed under contract with the FEHB program, but they are available to all members enrolled with UPMC Health Plan.

2024 Federal Brochure

The 2024 Federal Brochure is posted at upmchealthplan.com/fehb and opm.gov/insure. If you need a paper copy of the brochure or this guide, call a Health Care Concierge at **1-877-648-9641 (TTY: 711)** and request that one be mailed to your home. If you are retired, the U.S. Office of Personnel Management (OPM) will automatically mail a brochure to your home.

HEARING BENEFITS

The Standard Option HMO plan includes a hearing benefit through Amplifon Hearing Health Care. The benefit allowance is \$1,325 per ear every 36 months for adults who are 21 or older. Services under this benefit are only available through participating Amplifon Hearing Health Care providers. In addition, your hearing health benefit may only be used on eligible hearing aids.

To obtain services, you must schedule an appointment with an Amplifon Hearing Health Care participating provider by calling 1-888-487-5449 or visiting amplifonusa.com/fehb.

Important phone numbers related to your UPMC Health Plan coverage

- UPMC Health Plan Health Care Concierge team:
1-877-648-9641 (TTY: 711)
- UPMC Health Plan Medicare Advisors:
1-844-383-1819 (TTY: 711)
- Amplifon (for the Standard Option HMO only):
1-888-487-5449 (TTY: 763-268-4264)
- UPMC MyHealth 24/7 Nurse Line:
1-866-918-1591 (TTY: 711)
- Specialty Medication Providers:
Chartwell: 1-800-366-6020
Accredo: 1-888-853-5525

This is a summary of the features of UPMC Health Plan. Your policy from the Health Plan may not cover all your health care expenses. Before making a final decision on your coverage, please read the Health Plan's federal brochure RI 73-797. All benefits are subject to the definitions, limitations, and exclusions set forth in the federal brochure.

¹ UPMC Health Plan earned 11 Stevie® Awards in 2023, including three Gold Stevie Awards for Achievement in Customer Experience, Customer Service Team of the Year, and Back-Office Customer Service Team of the Year. The Stevie Awards for Sales & Customer Service are the world's top honors for customer service, contact center, business development, and sales professionals.

² UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Maryland, 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 ID card for questions regarding your plan benefits.

³ UPMC Health Plan 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 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. Limitations may apply for members of ASO plans that have opted out of coverage. Providers are not available to treat members who are in Puerto Rico.

⁴ In an emergency, members can visit any emergency department, even if the hospital does not participate with UPMC Health Plan.

⁵ The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and is not affiliated with UPMC Health Plan and its affiliates. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with UPMC Health Plan. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property Inc. Access to the Cigna Healthcare PPO Network outside of the UPMC Health Plan service area is applicable for members in Bucks, Chester, Delaware, Franklin, Fulton, Juniata, Mifflin, Montgomery, Montour, and Philadelphia counties in Pennsylvania; all other states except Ohio; Garrett and Allegany counties in Maryland; and Chautauqua, Cattaraugus, and Allegany counties in New York.

⁶ UPMC Health Plan commercial members who are traveling in Ohio must access care through the SuperMed PPO Network. If members are traveling outside the state of Ohio, they can use the Cigna Healthcare PPO Network.

⁷ Assist America is not travel or medical insurance. Its services will not replace health coverage while members or their dependents are away from home.

⁸ UPMC Children's AnywhereCare is available only to patients who are in Pennsylvania. In order for a child to have a UPMC Children's AnywhereCare visit, the child's parent or legal guardian must be with the child during the video portion of the visit, and the child and parent or legal guardian must be in Pennsylvania during the visit. If you are located outside of Pennsylvania at the time of service, you may select the standard UPMC AnywhereCare module and you will receive care from a provider employed or contracted by Online Care Network II PC (OCN), also known as Amwell Medical Group, at the discretion of the provider. OCN is not an affiliate of UPMC. Providers are not available to treat members who are in Puerto Rico.

⁹ Members may obtain a breast pump if they have not received one from UPMC Health Plan within the past three years, or if their pump is broken or out of warranty.

¹⁰ UPMC Health Plan will cover many adult and child preventive services at 100 percent if the services are received from a participating provider.

UPMC HEALTH PLAN

upmchealthplan.com

