



**HERE'S THE
PLAN**

BROKER HANDBOOK

A COMPLETE GUIDE FOR OUR UPMC *for Life* BROKER AGENTS

UPMC *for Life*
UPMC Health Plan Medicare Program



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A woman with short dark hair, wearing a white button-down shirt and a necklace, is sitting at a desk. She is looking at a laptop screen with a thoughtful expression, resting her chin on her hand. The background is a blurred office setting with blue and white tones.

WHO WE ARE

As a UPMC *for Life* broker agent, understanding the foundation and reach of UPMC Health Plan is essential. This section provides insights into who we are, what UPMC *for Life* offers, and how our collaborative approach as your Partner in Sales can enhance your sales strategy.

OUR COMPANY

UPMC HEALTH PLAN

UPMC Health Plan, headquartered in Pittsburgh, Pennsylvania, is among the nation's fastest-growing health plans. It is owned by the University of Pittsburgh Medical Center (UPMC), a world-renowned health care provider. As part of an integrated health care delivery system, UPMC Health Plan is committed to providing its members better health, more financial security, and the peace of mind they deserve.

UPMC INSURANCE SERVICES DIVISION

UPMC Health Plan partners with UPMC and community network providers to produce a combination of knowledge and expertise that provide the highest quality care at the most affordable price. The UPMC Insurance Services Division—which includes UPMC Health Plan, Workpartners®, UPMC *for Life*, UPMC *for You*, UPMC *for Kids*, UPMC Community HealthChoices, and Community Care Behavioral Health Organization—offers a full range of group health insurance, Medicare, Special Needs, CHIP, Medical Assistance, behavioral health, employee assistance, and workers' compensation products and services to more than **3.9 million members**.

ABOUT UPMC *for Life*

UPMC *for Life* is the largest Medicare Advantage plan in western Pennsylvania, providing comprehensive coverage to about **229,000 members**. With over **23 years of experience**, it offers innovative, value-driven options that deliver access to high-quality clinical care, excellent customer service, and lower costs for Medicare-eligible individuals. We're dedicated to providing the best possible experience for our members. That's why 96% of our members stay with us year after year.

PROVIDER NETWORK

Our local provider network includes UPMC as well as community providers, totaling more than **330 hospitals** and more than **60,000 doctors and specialists** throughout Pennsylvania and across the nation.

AFFORDABLE COVERAGE

With an average growth rate of over 6% over the past 10 years, UPMC *for Life's* focus is on deepening our community impact. Every new member gains access to vital care and resources, allowing us to invest more in programs and services that improve health, from preventive screenings to wellness initiatives.

RECOGNIZED EXCELLENCE

UPMC *for Life* is a nationally recognized Medicare Advantage program, consistently earning high ratings for quality, member satisfaction, and customer service. It has been in operation for over two decades, demonstrating a long-standing commitment to serving the Medicare community. For more information, visit upmchp.us/awards.

You. Your Doctors. Your Health Plan.

PARTNERS IN CARE

PARTNERS IN CARE

UPMC *for Life* works with our participating doctors and hospitals to help members access the best quality care and get the best value possible. We're here for our members in the same way you're there for them—with the knowledge and expertise to help them choose the best plan. Together, we are more than an insurance carrier—we are true Partners in Care.

WHAT DOES IT MEAN TO BE PARTNERS IN CARE?

Cost

- Affordable plan options that meet our members' needs and budget.
- Out-of-pocket costs stay low year after year.
- Our plans limit costs and help to give our members financial protection.

Easy access to care

- Members can see the doctors they know and trust.
- High-quality care from UPMC and access to other community providers with an extensive network of doctors and hospitals across PA and out of state.
- Emergency and urgent care anywhere in the U.S.
- HMO members can plan worry-free trips with our Travel Concierge Program.

Prescriptions

- \$0 copay for Tier 1 and Tier 2 prescriptions at preferred pharmacies.
- Diabetic insulin coverage.
- 55,000 participating pharmacies, including mail order.

Extra benefits

- Focus on the member's whole health: physical, emotional, and mental.
- Most plans include dental, vision, and hearing benefits—and free gym memberships.
- **The UPMC *for Life* Flex Spend Card** can be used for doctor's office copays, fitness, over-the-counter products, home safety products, and dental, vision, and hearing services. Members get the benefits they need to help them stay healthy and independent.

Customer service and care management

- Award-winning service from our Health Care Concierge team anytime our members need help.
- Members can connect to resources in their community for added support.
- We help our members get the care they need when they need it.



PARTNER IN SALES

UPMC *for Life's* unique Partner in Sales model focuses on coordinating the best experience between our broker agents, their clients, and the Health Plan. Our industry-leading team of Medicare experts is here to support you every step of the way. Whether you're just starting out or managing a large book of clients, UPMC *for Life* works closely with you to create a personalized sales plan. We provide the tools, support, and resources you need to sell with confidence and grow your business, making us more than just an insurance carrier—we are your dedicated Partner in Sales.

SUPPORT TEAM

Broker manager—Experienced local sales professional dedicated to your success. Your broker manager can personally help you:

- Develop a customized sales plan.
- Identify new selling opportunities in your local market.
- Enter new/niche product segments.
- Learn how to use our extensive sales tools and marketing resources.

Broker Resource Center—Knowledgeable sales support center that gives you sales support when you're out in the field. The team can help you:

- Verify Medicare/Medicaid eligibility.
- Find participating providers and pharmacies and check covered prescriptions.
- Verify Low-Income Subsidy (LIS) eligibility.
- Get basic plan benefit details.

Ongoing education—We make sure you have the latest information and updates about Medicare and UPMC *for Life*:

- Annual and new product details.
- Specialized product training.
- Compliance/Regulatory guidance.
- Telephonic Scope of Appointments.

Want to learn more about the Broker Management Team and how to connect with them? Visit the [Contact Us](#) page on the Broker Training Site.



TOOLS AND RESOURCES

Evolve—Our **NEW** customer relationship management (CRM) system is customized specifically for UPMC *for Life* sales. Use Evolve to:

- Access tools and resources you use every day within one system.
- Take advantage of a streamlined online enrollment process.
- Experience personalized lead nurturing email touchpoints.

Broker Training Site—Your one-stop shop designed explicitly for broker agents that includes:

- Sales and marketing tools.
- Free personalized marketing materials to help you generate new leads.
- Up-to-date trainings and educational resources.

Marketing Storefront—Use this site to order materials. You can order:

- Personalized marketing pieces.
- Enrollment kits.
- Other plan documents.

NEW for 2025! Evolve is UPMC *for Life*'s new CRM platform. For any questions about Evolve, please contact your broker manager.



Broker Tools and Resources

As a UPMC *for Life* authorized agent, you have marketing materials and additional broker resources available to you. Learn how to take advantage of these tools to strengthen and grow your business. This section also includes a guide to using our fulfillment website, Marketing Storefront.



MARKETING STOREFRONT

This secure online portal gives you access to printed sales collateral, personalized marketing, and more.

HOW TO ORDER MATERIALS

Access

- Visit upmchp.klicorders.com to log in.
- New users can gain access to the site by speaking with their manager. Managers will notify the Marketing Storefront team that a new account needs created.
- You can reset your password anytime by following the **Forgot your password?** prompt on the login screen. You will receive an email from klicorders@taylor.com to reset your account.

Order

- Use the **Browse products** button to search for an item by region, year, and product type. You can also type in a keyword/description in the search engine bar at the top of your screen.
- For each product you would like to order, enter the quantity, then click on the **Add selected items to cart** button.
- When you are ready to place your order, click the shopping cart icon located at the top of any page. From there, you can revise quantities, remove items from your cart, continue shopping, or check out.

Ordering tips:

- Access **My Account** from the navigation bar to manage your profile and saved shipping information.
- Click the **Order History/Check Status** button from the dropdown menu to view and track your orders.
- Select the **Hold This Order** function to save items in your shopping cart for future checkout.



Check out

- From the shopping cart page, enter/select the shipping address.
- The shipping method has a default of UPS Ground. You will not be able to request overnight shipping through this site. If you need materials overnighted, contact your broker manager.
- Confirm your order information is correct, then select **Place Order**.
- You will receive a confirmation email with your order summary shortly after you submit your order. Please keep in mind that the average delivery time is approximately five business days from when the order is placed.

Did you run out of sales materials?

If you run out of any sales material, first contact your broker manager. You can also find electronic versions of application forms, Summaries of Benefits, Evidence of Coverage, and more by visiting the [Broker Training Site](#).

HOW TO CUSTOMIZE MARKETING MATERIALS

The Marketing Storefront also allows you to customize lead-generating marketing materials. Simply personalize the piece of your choosing with your name, contact information, and headshot. You can then either order printed copies to be shipped directly to you or request a free digital download of the finished piece.

Customize

- Use the **Browse Products** button, then select **Personalized Marketing**.
- From there you can choose to personalize fliers, greeting cards, and more.
- Once you've selected the piece, customize the design by filling in the fields on the left. The preview will begin to update as you fill in the fields.

Stay compliant! A TPMO disclaimer will be added to your personalized materials. Please make sure to fill in the variable fields with accurate information.

For example: Currently we represent <XX> organizations, which offer <XX> products in your area. Please contact medicare.gov, **1-800-MEDICARE**, or your local State Health Insurance Program to get information on all of your options.

Order

- After customizing the piece, click **Next** to go to the **Product Options**.
- For printed copies, make sure you select the quantity before approving. Digital downloads will default to a quantity of one.
- Select **View Proof PDF** to review the finished piece before approving.
- Click the shopping cart icon located at the top of any page. From there you can revise quantities, remove items from your cart, continue shopping, or check out.

Check Out

- From the shopping cart page, enter/select the shipping address and payment information.
- The shipping method has a default of UPS Ground. You will not be able to request overnight shipping through this site. If you need materials overnighted, contact your broker manager. **Digital downloads will be emailed to you within 24 hours of order confirmation.**
- Confirm your order information is correct, then select **Place Order**.

Tip: Some pieces are applicable only to specific counties. Double-check the product's description before personalizing.

Hello, my name is
<First Name> <Last Name>.

I'm an independent authorized UPMC *for Life* Medicare Advantage agent. I can help you with all your Medicare plan needs and advise you on the best options for you.

<headshot>

Contact me today!

Phone: <555-555-5555>

Email: <upmcmedicare@upmc.edu>

Address: <600 Grant Street
Pittsburgh, PA 15219>

UPMC *for Life*
UPMC Health Plan Medicare Program

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BROKER TRAINING SITE

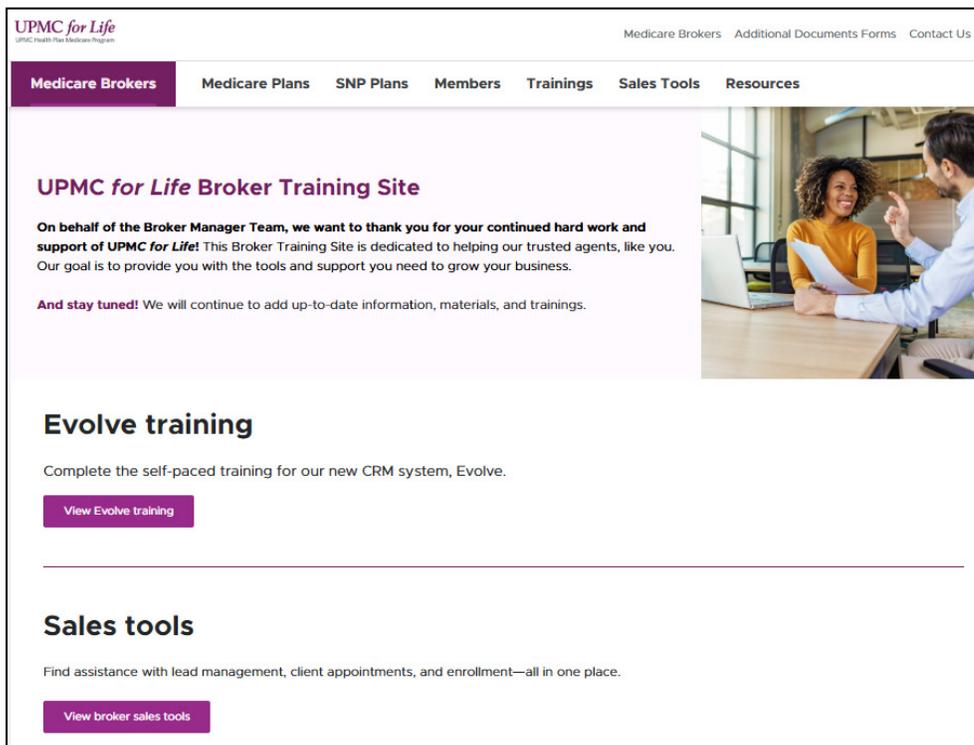
The **Broker Training Site** is a one-stop shop designed explicitly for broker agents that includes up-to-date sales and marketing tools, resources, trainings, and more. Some of the most popular resources located on the site include:

MEDICARE PLANS

This page provides current plan and benefit information, such as the following:

- Additional assistance documents
- OTC catalog
- Drug formularies
- Plan grids
- Plan compare guides
- Service area map

Check out the **D-SNP plans page** for everything you need to know about UPMC *for Life* Complete Care (HMO D-SNP) plans and extra benefits!



The screenshot shows the UPMC for Life Broker Training Site homepage. At the top left is the UPMC for Life logo. To the right are links for Medicare Brokers, Additional Documents Forms, and Contact Us. Below this is a navigation bar with links for Medicare Brokers (highlighted), Medicare Plans, SNP Plans, Members, Trainings, Sales Tools, and Resources. The main content area features a heading "UPMC for Life Broker Training Site" followed by a thank-you message from the Broker Manager Team. To the right of this text is an image of two people in a meeting. Below the message is a section titled "Evolve training" with a "View Evolve training" button. Further down is a section titled "Sales tools" with a "View broker sales tools" button.

RESOURCES

This page includes information on the resources available to you. In the Resources tab, you'll find:

- Contact details for your broker manager.
- Direct links to essential websites.
- A form to share feedback.



Preparing For Success

This section provides everything you need to successfully enroll clients and stay compliant. Learn how to use Evolve, our new CRM platform, to submit enrollments, access required trainings, and manage Scope of Appointment (SOA) forms. You'll also find guidance on preferred enrollment methods, key timelines, and Special Enrollment Periods (SEPs) to ensure accurate and timely submissions.

EVOLVE

What is Evolve?

Evolve is our NEW customized customer relationship management (CRM) software system, specifically for UPMC *for Life* sales. It offers producer onboarding management, producer portal and notification system, web enrollment solutions, incentive compensation management, and a lead management system.

How do I get started?

Single Sign On (SSO) will be the primary method to log in to Evolve. If you are newly appointed with UPMC *for Life*, please reach out to your broker manager to gain access.

How do I submit an enrollment?

1. After logging in to Evolve, click the **Enrollment & Forms** section and select **UPMC Web Enroll**.
2. Next, select the correct year and choose your preferred application method: either **E-enrollment** or a **Paper** application. The process is essentially the same for both options.
3. Then, you'll see a page with instructions and information intended for the client. Scroll to the bottom and click **Continue**.
4. Type or select the client's ZIP code to display available plans in their area. Then, choose the appropriate plan for enrollment, complete all required fields, and click **Save & Continue**.
5. After completing the required fields, move on to the voluntary questions section.
6. Use the search tool on the next page to select the client's PCP. Once the **Selected Primary Care Physician** field is populated, click **Save & Continue**.
7. Continue filling out the remaining fields until you get to the last page of the application.
8. Read through several legal paragraphs, selecting the way in which the application was completed, and a signature field for final, legal authorization.
 - a. If a client chooses a Face-to-Face appointment, fill out the sales agent's name and NPN.
 - b. If you click the authorized representative field, additional required fields appear that will need to be filled out.
9. Obtain the client's signature, then click **Submit My Application**. A confirmation number will be provided once the submission is complete.
 - a. **E-application:** Obtain electronic signature via email or text.
 - b. **Paper:** Upload scanned copy, once the form is completed and signed.

IMPORTANT! For complete step-by-step instructions, access [our self-paced online training](#). This resource is regularly updated to reflect the latest CRM enhancements. Use the magnifying glass icon at the top of the page to quickly search for specific topics. You can also bookmark the course for easy future reference.

To access the training, please contact your broker manager for the required password.

FEATURE HIGHLIGHT: Use Evolve to send personalized touchpoints that support lead generation and strengthen engagement.

ENROLLMENT

Enrollment application process

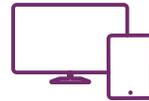
Follow this process when assisting or guiding a Medicare member through the UPMC *for Life* enrollment application process. **The application must be received by UPMC *for Life* within 48 hours of completing it with the member.** Medicare members who wish to enroll in a UPMC *for Life* plan may do so in one of the following ways:



Electronic:
 Brokerlink
 Evolve
 Connecture
 MedicareCenter
 Sunfire



Phone:
1-877-381-3765
(TTY: 711)



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

Confirm within 24 hours that all pages of the enrollment application were received, regardless of enrollment method.

ENROLLMENT TIMELINES

Initial Coverage Election Period (ICEP): This is the first time Medicare eligibles can enroll in a Medicare Advantage plan. Most people get an ICEP when they turn 65 and enroll in Medicare Parts A and B. Here's a typical timeline for enrolling in Medicare.



Members can change their coverage every year:

Annual Enrollment Period: Oct. 15 – Dec. 7	Open Enrollment Period: Jan. 1 – March 31	Lock-In Period: April 1 – Oct. 14 and Dec. 8 – Dec. 31
Members can add or drop Part D prescription drug coverage, change to a Medicare Advantage plan, or change to Original Medicare. The coverage will be effective Jan. 1.	Medicare Advantage plan members can make one change to their coverage. Members can add or drop Part D prescription coverage, change to a different Medicare Advantage plan, or change to Original Medicare. Their coverage will be effective the first of the next month.	Members cannot make a plan change during these times unless they qualify for a Special Election Period (SEP) or have Medicaid coverage.

Special Election Period (SEP): Members can make changes to their Medicare Advantage coverage when certain events happen in their life. These chances to make changes are in addition to the regular enrollment periods that happen each year. There are rules about when members can make changes and the type of changes that can be made based on specific circumstances.



SCOPE OF APPOINTMENT

The Scope of Appointment (SOA) form outlines the Medicare insurance products that will be discussed between you and the Medicare client (or his/her authorized representative). It can be a paper document, an electronic form, or a recorded call. It is a Centers for Medicare & Medicaid Services (CMS) requirement that protects a Medicare client from scams and high pressure sales tactics and helps members get the information they need to make an informed decision.

Here are some things to keep in mind about the Scope of Appointment (SOA):

- Before any appointment for both self-generated and UPMC *for Life* marketing leads, you must document the SOA form.
- A one-on-one appointment of any kind cannot be conducted without a documented SOA form.
- One-on-one appointments include home visits, phone calls, or virtual meetings.
- An SOA form must be sent with a completed enrollment application when applicable and upon request.
- A new SOA is required if during an appointment your client requests information regarding a plan type different from one previously agreed upon.
- All fields on the SOA form must be completed.
- When sending the SOA form or enrollment application electronically to your client, the form or application must be accompanied by the appropriate email template via Evolve.

Medicare Compliance tip: An agent can meet with a Medicare client without waiting the full 48-hour “cooling off period” only during the following exceptions:

1. If they are in the last four days of a valid enrollment period
2. If there is a walk-in appointment or unexpected meeting

If the Medicare client signed the SOA form at the time of the appointment, you must explain why the SOA was not documented earlier. We are closely monitoring returned forms to ensure that section is complete. If it is left blank, your broker manager will reach out for more information.

SUBMITTING SCOPE OF APPOINTMENT (SOA) FORM

The Scope of Appointment (SOA) form can now be completed using any of the following methods:

- **Mail/Email:** Your clients can still mail you a completed hard copy of the SOA form or scan and email it back to you before your scheduled appointment.
- **Telephonically:** Your clients can complete a telephonic SOA with you on the line.
- **Evolve:** Your clients can fill out this form online before your scheduled appointment.

Telephonic Scope of Appointment

The telephonic Scope of Appointment form must be completed by calling the **Broker Resource Center at 1-866-400-5067 (TTY: 711)**.

The team is available:

Jan. 20 – March 31

Monday through Friday: 11 a.m. – 3 p.m.
Saturday and Sunday: 8 a.m. – 8 p.m.

April 1 – July 31

Monday through Friday: 11 a.m. – 3 p.m.
Saturday: 9 a.m. – 3 p.m.

Aug. 1 – Dec. 31

Seven days a week from 8 a.m. to 8 p.m.

UPDATE! Starting Jan. 1, 2026, the Broker Resource Center will no longer have weekend hours but will still be available from 11 a.m. to 3 p.m. year round.

Instructions:

To document the SOA, both you and your client will need to be on the line at the same time. Follow the steps below during your SOA.

1. After receiving your client's agreement to a home visit or one-on-one appointment, advise your client that Medicare requires one of the following:

- Call the Broker Resource Center together, using the three-way function.
- Call the Broker Resource Center and advise the representative you want to complete a telephonic SOA. The representative can call your client and connect them.

2. A customer service representative will greet you and ask your client to confirm the following:

- Spelling of their name
- Address
- Phone number

3. The customer service representative will read the Scope of Appointment script and ask your client to agree.

4. Upon verbal confirmation, you are permitted to conduct your home visit or one-on-one appointment.

APPOINTMENT CHECKLIST

Please use this checklist as a quick guide to ensure accuracy and thoroughness of your presentation, whether your meeting is in person, on the phone, or via a virtual platform.

Scope of Appointment (SOA)

- Obtained form

Introductory statement

- Indicated “Authorized to sell UPMC *for Life*”
- Indicated that you are compensated/receive commission
- Explained that UPMC *for Life* has an annual contract with CMS
- Explained there can be annual changes to benefits, premiums, copays, deductibles, and coinsurances

Eligibility

- U.S. citizen or lawfully present in the United States
- Has Medicare Parts A and B
- Resides in service area
- Does not reside outside of the service area for 6+ consecutive months

Service area

- Reviewed HMO/PPO counties
- Reviewed service area for HMO Premier Rx

Use of UPMC *for Life* providers

- Reviewed difference between HMO/PPO networks
- Explained HMO lock-in for scheduled and routine care, unless using the Travel Concierge Program

Plan benefits

- Conducted plan benefits review, including the following:
 - Premiums, copays, coinsurances, deductibles, benefits, out-of-pocket maximums
 - Compared Original Medicare benefits to UPMC *for Life*
 - Reviewed prescription drug coverage (formulary)
 - Lower copays for diabetes medication (if applicable)

Extra benefits (including, but not limited to)

- UPMC *for Life* Flex Spend Card
- Vision, dental, and hearing
- Worldwide emergency assistance
- SilverSneakers® fitness program
- Travel Concierge Program (HMO members only)

VIRTUAL/TELEPHONIC APPOINTMENT REMINDERS

Even when meeting with your client virtually or over the phone, you must still cover all topics in the appointment checklist.

Here are some additional best practices to make sure that your leads are up to date and the enrollment process goes smoothly:

- Continue to update Evolve and document your records accordingly.
- Ensure that your client has completed an SOA form before your appointment. The SOA form can be completed through mail/email, telephonically, or in Evolve.
- If you have a client who would like to enroll in a UPMC *for Life* plan, here are the ways they can enroll:
 - Your clients can now complete enrollment electronically by sending them a link straight from Evolve.
 - Telephonic enrollment can be done as soon as the plan review is complete and your client is ready to enroll.
 - Enrollment kits include two paper applications and postage-paid envelopes that can be completed and mailed to us. Enrollment kit requests are typically mailed same day.

If you are speaking with someone who would like to meet virtually, consider one of the following platforms:



FaceTime (available for iPhone users)



Skype



Google Hangouts (available for Android users)



Microsoft Teams



Zoom

Use whatever works best for you and your clients. Many platforms are free and do not require software download. As a reminder, only sales, marketing, and enrollment calls must be recorded.

COMMON SEP EVENTS

Below is a list of common SEP events. For a complete list of SEP reasons, refer to [medicare.gov](https://www.medicare.gov). Your broker manager can also assist you with any questions.

Reason Code	SEP Description	Begins	Ends	Notes	Member can:
LIS, MDE, D-SNP *Gain, lose, or have a change	Medicare member becomes eligible, loses eligibility, or has a change in cost sharing for Low-Income Subsidy (LIS—Extra Help with Part D prescription drug coverage), partial Medicaid, or full Medicaid (full-dual).	Once member has a change in their status or is notified of the change, whichever is later.	Within three months of the change in their status or notification of the change, whichever is later.	Enrollment in plan will be effective the first day of the following month. Use of the SEP does not count toward the once per calendar quarter limitation in the SEP listed below.	Enroll in or disenroll from a Medicare Advantage plan.
LEC	Member is losing or leaving employer or union group coverage (EGHP) .	During EGHP open enrollment OR when EGHP allows changes (depends on employer or union).	Two months after the EGHP coverage ends.	Choose effective date of up to three months after the month enrollment/disenrollment is completed. Effective date cannot be earlier than the first of the month following the month the request was made.	Enroll in a Medicare Advantage plan with or without prescription drug coverage.
SPAP	Member belongs to or loses eligibility for a qualified state pharmaceutical assistance program (SPAP) . (PACE/PACENET in Pennsylvania.)	One SEP during calendar year.	Once the SEP is used during a calendar year.	Enrollment in the plan will be effective the first day of the following month.	Enroll in a Medicare prescription drug plan or a Medicare Advantage plan with prescription drug coverage.

Reason Code	SEP Description	Begins	Ends	Notes	Member can:
MCC	Member may disenroll from Part D (PDP or MAPD) to enroll in or maintain other creditable drug coverage (e.g., VA Rx coverage, TRICARE, and SPAP [PACE/PACENET]).	The month the member is enrolled in creditable drug coverage and an MAPD/PDP.	Exists for members as long as they remain eligible.	An individual enrolled in a Medicare Advantage plan with drug coverage may use the SEP to enroll in an MA-only plan. Enrollment in this plan will be effective the first of the following month.	Enroll in a Medicare Advantage plan that does NOT include Part D (MA-only). Disenroll from a Part D plan (PDP or MAPD) to maintain their other creditable coverage.
MOVE IN	Member moves outside of service area, into a service area with new plan options, or has just moved in/out of an institution (such as SNF or long-term care hospital).	Either the month before the move if plan is notified in advance or the month the plan is notified of the move.	Continues for two months following the month it begins or two months following the month of the move (whichever is later).	Effective date cannot be earlier than the date the member moves to service area. Choose effective date of up to three months after the month a completed application is received. Inform current plan prior to move if possible.	Enroll in a Medicare Advantage or Medicare prescription drug plan.
LCC	Member is involuntarily losing creditable drug coverage (including VA and PACE/PACENET).	Month member is notified of the loss of creditable drug coverage.	Two months after member is notified OR loses creditable drug coverage (whichever is later).	Does not apply if loss of creditable prescription drug coverage is due to failure to pay premiums.	Enroll in a Medicare Advantage plan with drug coverage or a Medicare prescription drug plan.
EOC	Member's current plan no longer covers the county in which member resides, or plan terminated its contract with Medicare.	Two months before the proposed termination date.	One month after the month in which the termination occurs.		Enroll in a Medicare Advantage or Medicare prescription drug plan.



Medicare Basics

It's important to understand the basics of Original Medicare before helping your clients choose the Medicare Advantage plan that's best for them. This section will help you become an expert on health care vocabulary and the parts of Medicare.



HEALTH CARE WORDS TO KNOW

Understanding all the Medicare options and the words that go along with them can be challenging. This list of commonly used words and definitions can help.

COINSURANCE

A percentage of the cost the member pays when they receive covered services (for example, 20%).

COPAY

A fixed amount the member pays when they receive a covered service or supply. For example, the member might pay a \$5 copay for a primary care doctor visit. Generally, copays are paid at the time of service.

COVERED SERVICES

Health care services and supplies that are covered by the plan.

DEDUCTIBLE

A preset dollar amount the member pays for covered services before the 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 plan's network.

OUT-OF-NETWORK (OUT)

A doctor, hospital, facility, or other provider that **does not** participate in the plan's network.

MAXIMUM OUT-OF-POCKET

This is the most a member will have to pay during the coverage year for covered medical services. It includes what the member pays for deductibles, copays, and coinsurance. It does not include the monthly premium, the cost of Part D prescription drugs, or extra benefits like dental, vision, and hearing. Once a member reaches this limit, the plan will pay all costs for covered medical services. This is not a deductible.



THE FOUR PARTS OF MEDICARE



Part A—Hospital coverage

Part A covers: Inpatient hospital stays, skilled nursing facility expenses, hospice care, and some home health care.

Member pays: If the member or their spouse worked for 10 years and paid Medicare taxes, they will not have a monthly premium for Part A.



Part B—Covers your doctor visits and more

Part B covers: Doctor and other health care provider services, outpatient care, lab and x-ray services, ambulance services, medical supplies, and preventive services.

Member pays: A monthly premium with a yearly deductible before coverage begins. The member's monthly premium is calculated based on their adjusted gross income.

PART A



PART B



ORIGINAL
MEDICARE

Parts A and B together provide coverage both in and out of the hospital.



Part C—Medicare Advantage

After a Medicare member enrolls in Parts A and B, they have the option to enroll in Part C. Also known as Medicare Advantage, Part C is offered through private insurance companies and combines Part A, Part B, and sometimes Part D benefits into one easy-to-use plan. Plus, members would have just one insurance card to manage all coverage.

Part C covers: Everything that Original Medicare covers and usually more. Some of the most common Medicare Advantage benefits include:

- Dental, vision, and hearing coverage.
- Fitness memberships.
- Allowance for OTC products.

Member pays: The member continues to pay their Part B premium to Medicare. If their Medicare Advantage plan has a premium, they will pay that to the insurance company.



Two types of Medicare Advantage plans:

Health maintenance organization (HMO):	Preferred provider organization (PPO):
<ul style="list-style-type: none"> • HMOs use a network of participating doctors and hospitals for care. • Members must receive services from participating doctors and hospitals, except for emergency care, out-of-area urgent care, and out-of-area kidney dialysis. 	<ul style="list-style-type: none"> • PPOs offer coverage for services received both in and out of the plan's provider network. • Members may pay a higher coinsurance, copay, or deductible for care received outside of the plan's participating provider network.



Part D—Prescription drug coverage

Part D covers: Brand-name, generic, and specialty medications. Each plan has a list of drugs it covers, known as a formulary.

Member pays: The monthly premium for their Medicare Advantage plan, which includes Part D coverage or standalone Part D plan (if applicable). Members also pay out-of-pocket costs such as copays, deductibles, and coinsurance included with the plan they choose.

Part D penalty (late enrollment penalty): Members may have an amount added to their Part D monthly premium if they go without creditable prescription drug coverage for any period of 63 days or more after their Initial Enrollment Period is over.

Each drug on our Part D formulary belongs to a tier, which determines how much a member will pay. As spending during the year increases, the member will move through the stages of Part D coverage. For more information on our drug tiering, see page 36.

COMPARING ORIGINAL MEDICARE TO MEDICARE ADVANTAGE

Coverage	Original Medicare	Medicare Advantage plans
Part A—coverage for inpatient hospital services	Yes, but members must pay a hefty deductible before coverage begins.	Yes, most plans do not have a deductible. Members have first-day coverage and only pay a set copay with your plan.
Part B—coverage for doctor visits and outpatient services	Yes, but members must meet their deductible before coverage begins and then pay 20% of the cost for care.	Yes, most plans do not have a deductible. Members are covered from day one and only responsible for their plan's preset copays.
Part D—prescription drug coverage	No.	Yes, with most plans.
Choose the doctors and hospitals members want to use	Yes.	Yes, most plans allow members to use any in-network provider without a referral.
Monthly premium	Yes, Part A has a premium, but most people don't pay it. Part B also has a premium that most people must pay.	Yes, depending on the plan. Some plans have premiums as low as \$0 per month. Members still need to pay their Medicare Part B premium as well.
Annual maximum out-of-pocket limit (the most members will pay out-of-pocket during the calendar year—this is not a deductible)	No.	Yes, all plans have a limit on health care costs. If members reach this limit, the plan pays 100% of their medical costs for the rest of the year.
Coverage when members travel in the U.S.	Yes.	Yes, all plans cover emergency and urgent care anywhere in the U.S. Some plans also include in-network coverage when traveling to certain states.
One easy-to-use plan	No, to get prescription drug coverage, members need to buy a separate Part D plan.	Yes, most plans include prescription drug coverage, which means members can use one card at the doctor's office and pharmacy.
Dental coverage	No.	Yes, many plans include coverage for oral cleanings, exams, x-rays, and dental services.
Vision coverage	No.	Yes, many plans include coverage for eye exams and eyewear or contact lenses.
Hearing coverage	No.	Yes, many plans include coverage for hearing exams and hearing aids.
OTC products	No.	Yes, some plans give an allowance to buy OTC products.
FREE gym memberships	No.	Yes, members can join a participating gym and get additional fitness benefits.
Home safety	No.	Yes, some plans include home safety products and in-home safety visits.
Wellness programs	No.	Yes, members can get extra support to stay healthy with programs like health coaching, personal care management, personal counseling, and more.

SUPPLEMENT PLAN COMPARISON CHART

There are several factors to consider when choosing the right Medicare coverage. Below is a chart that shows some of the most significant differences between UPMC *for Life* and Supplement plans.

	UPMC <i>for Life</i> plans	Supplement plans
Coverage	<ul style="list-style-type: none"> Medicare Advantage plans provide Part A and B benefits, and sometimes Part D, directly in place of Original Medicare. 	<ul style="list-style-type: none"> These plans pay all or most of the Part A and B out-of-pocket costs that Original Medicare does not cover.
Costs	<ul style="list-style-type: none"> Monthly premiums start as low as \$0 per month Many plans have low copays for PCP doctor visits, preventive care, and more. 	<ul style="list-style-type: none"> Generally, premiums are much higher and continue to increase with age. In exchange, members can pay little to no out-of-pocket medical costs after their premium. They will still pay drug copays and out-of-pocket costs for dental, vision, and hearing.
Network	<ul style="list-style-type: none"> Members have access to a large network of local doctors, specialists, and hospitals, including the high-quality care of UPMC. HMO members can also receive in-network coverage while traveling to Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee with any provider that accepts Medicare. Worldwide emergency assistance provides help 24/7 when traveling more than 100 miles from home or to another country. 	<ul style="list-style-type: none"> There's no set network, which means a member can see any doctor, in any state, who accepts Medicare.
Part D prescription drug coverage	<ul style="list-style-type: none"> Most plans include Part D prescription drug coverage, including low copays for diabetes and insulin medications. 	<ul style="list-style-type: none"> Part D is not included, so members need to purchase a separate prescription drug plan for an additional monthly premium.
Additional benefits	<ul style="list-style-type: none"> Members can get additional benefits such as dental, vision, hearing, OTC products, fitness, and more. The UPMC <i>for Life</i> Flex Spend Card gives members additional dollars to spend on their health care and can be used for doctor's office copays, premier fitness locations, fitness kits, over-the-counter products, home safety products, and dental, vision, and hearing services. Members get the benefits they need to help stay healthy and independent. 	<ul style="list-style-type: none"> Dental, hearing, vision, OTC products, fitness, and more are not included, so members will need to pay out-of-pocket for these services.
Coordinated care	<ul style="list-style-type: none"> UPMC <i>for Life</i> is part of an integrated delivery system, which means we are closely engaged with our members' UPMC providers. This allows us to offer affordable coverage and access to a skilled, supportive health team. Both can result in better health outcomes. 	<ul style="list-style-type: none"> Supplement plans do not have a direct relationship with health care providers. This means they do not work directly with their members' health care providers to implement solutions for better health outcomes.



Prescription Drug Coverage

This section covers our prescription drug coverage, including formularies and drug tiers.

PRESCRIPTION DRUG FORMULARIES

UPMC *for Life* has two individual Medicare formularies and one D-SNP formulary. The name of the formulary and the plans that use it are on the front of the comprehensive formulary books and in the covered drug list that is included in the enrollment kit.

UPMC <i>for Life</i> Premier Rx formulary	UPMC <i>for Life</i> Advantage Rx formulary	UPMC <i>for Life</i> Complete Care (HMO D-SNP)
Plans that use this formulary:	Plans that use this formulary:	Plans that use this formulary:
<ul style="list-style-type: none"> • HMO Premier Rx • PPO Premier Rx • PPO Essential Care Rx 	<ul style="list-style-type: none"> • HMO Deductible Rx • HMO Rx Choice • HMO Rx • HMO Rx Enhanced • PPO Rx Choice • PPO Rx Enhanced • PPO High Deductible Rx 	<ul style="list-style-type: none"> • All D-SNP plans

PRESCRIPTION DRUG TIERS

UPMC *for Life* plans with Part D prescription drug coverage have five levels of drug benefits. These levels are referred to in our prescription drug list (formulary) as drug tiers.

Drug Tier	Description
1	Preferred generic
2	Generic
3	Preferred brand
4	Non-preferred
5	Specialty

Save money with preferred pharmacies and mail order

- Our network includes thousands of standard and preferred pharmacies.
- A preferred pharmacy is a pharmacy that has agreed to offer preferred cost sharing (our lowest copays) for covered prescription drugs.
- Our preferred mail-order pharmacy, Express Scripts, can deliver 100-day medications directly to the member's home or any address they specify.



Visit upmchealthplan.com/find to quickly search for preferred pharmacies or medications using our enhanced search tool. For more information and step-by-step instructions [click here](#) to view the Provider Search Tool brochure.

SAVE MONEY ON PRESCRIPTIONS

\$0 copays for Tier 1 and Tier 2 prescriptions

All plans with Part D coverage have a \$0 copay for Tier 1 and Tier 2 drugs when filled at preferred retail and mail-order pharmacies.

Low copays for insulin medications:

- \$35 for 30-day supply at retail
- \$87.50 for 100-day supply at preferred mail order
- \$96.25 for 100-day supply at preferred retail
- \$105 for 100-day supply at standard pharmacies

MEDICARE PRESCRIPTION PAYMENT PLAN (M3P)

The Medicare Prescription Payment Plan gives Medicare Part D members the option to pay their out-of-pocket prescription costs in monthly installments throughout the year, making it easier to manage high drug expenses.

- All Medicare drug plans and Medicare health plans with drug coverage (like a Medicare Advantage plan) must offer this payment option.
- This program spreads out what the member will pay each month across the year (January – December) so the member doesn't have to pay out-of-pocket costs to the pharmacy at the time of receiving their prescription. All plans use the same formula to calculate the member's monthly payments.
- If a member selects this payment option, they will pay their plan premium (if they have one) and get a bill from Express Scripts for prescription drugs (instead of paying the pharmacy) each month.

Important things to know about this program:

- The Medicare Prescription Payment Plan is free to join.
- Participation is voluntary.
- There are no fees or interest charged under the program, even for late payment.
- The program does not reduce the total amount of cost sharing a member owes for their Part D prescriptions.
- Only certain members with high out-of-pocket drug costs will benefit from this program.

To find out more about M3P and who may benefit from it, check out these resources:

- [Medicare.gov fact sheet](#)
- [UPMC for Life M3P flier](#)
- [UPMC for Life Medicare Prescription Payment Plan webpage](#)



The amount a member pays for drugs changes as the member moves through the different Part D stages. The member's costs can also depend on the pharmacy used and what tier the drug is.

Members can check the UPMC *for Life* prescription drug list to make sure their medications are covered and to understand their copays and cost sharing. They can see our drug list online at upmchp.us/prescription-coverage or give us a call.

1. Deductible stage

Members do not have a deductible for Tier 1 and Tier 2 prescriptions. Most UPMC *for Life* plans have a deductible for Tiers 3, 4, and 5. You can find more information on our website at the link above.

2. Initial coverage stage

Members will pay a copay or coinsurance, depending on their medication's drug tier. For drugs on tiers with coinsurance, the member's share of the cost may change throughout the year depending on the drug and where they fill their prescription. Once the member's total yearly out-of-pocket drug costs reach \$2,100, they will move to the catastrophic coverage stage.



3. Catastrophic coverage stage

In 2026, the member's total yearly drug costs will be capped at \$2,100. Once their total yearly out-of-pocket drug costs reach \$2,100, they will not pay anything for their Part D covered drugs. The member will stay in this stage through the end of the year.

Members who receive Low-Income Subsidy (Extra Help paying for Part D prescriptions) will pay the lesser of their applicable Low-Income Subsidy copay or the plan's copay for plan covered medications. These benefits do not apply to all plans. The member should refer to their plan formulary for more information.



Provider network

UPMC *for Life* members have access to a large network of high-quality local doctors and hospitals. This section includes the 2026 provider network flier that we have created to show which doctors and hospitals participate in our network.

UPMC for Life Network

Effective August 2025

60,000 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 Sewickley
Jefferson Hospital
PAM Health Specialty Hospital
of Pittsburgh
Select Specialty Hospital – McKeesport
Select Specialty Hospital – Pittsburgh
UPMC
St. Clair Hospital
UPMC East
UPMC Hillman Cancer Center
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
Penn Highlands State College

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 – Outpatient Center

Columbia

Geisinger Bloomsburg Hospital

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 Milton S. Hershey
Medical Center
Select Specialty Hospital – Harrisburg
UPMC Community Osteopathic
UPMC Harrisburg

Delaware

Bryn Mawr Hospital
Kindred Hospital Philadelphia –
Havertown
Mercy Fitzgerald Hospital
Riddle Hospital
Springfield 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 Hospital - Macungie
 St. Luke's Allentown Campus
 St. Luke's Orthopedic Hospital West
 End Campus
 St. Luke's Sacred Heart Campus

Luzerne

Frank M. and Dorothea Henry Cancer
 Center at Geisinger Wyoming Valley
 Medical Center
 Geisinger South Wilkes-Barre
 Lehigh Valley Hospital - Hazleton
 PAM Health Specialty Hospital of
 Wilkes-Barre
 Wilkes-Barre General Hospital

Lycoming

Geisinger Jersey Shore
 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
 Lehigh Valley Hospital - Gilbertsville
 Pottstown Hospital

This information is subject to change. For the most up-to-date information, visit 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

Northumberland

Geisinger Shamokin Area Community
 Hospital

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
 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 Medicare-participating providers in these states as you do in-network at home.

**Global emergency medical assistance when you travel**

UPMC *for Life* members have access to 24/7 worldwide emergency assistance when you travel more than 100 miles away from home including to another country, at no cost.

Ray Dougherty

UPMC *for Life* PPO Salute (PPO) Member
Retired 34-Year Army and Air Force Veteran



Veterans Resources

UPMC *for Life* offers Medicare plans tailored to help military veterans save money and get more benefits. This section explains how our plans coordinate with TRICARE For Life, CHAMPVA, and VA benefits.



TYPES OF COVERAGE

The coverage a military veteran receives from their service may help them in deciding on which UPMC *for Life* plan will be a good fit.

The types of coverage include:

- TRICARE For Life coverage.
- Veterans Affairs (VA) coverage only.
- Neither TRICARE For Life or VA coverage.

What is TRICARE For Life?

TRICARE For Life is a health insurance program for military retirees and their families. TRICARE acts as a secondary payer through TRICARE For Life, covering the remaining costs that Medicare does not cover, such as coinsurance and deductibles. TRICARE-covered services include hospital stays, skilled nursing facilities, hospice care, prescription drugs, and more.

Requirements for TRICARE For Life include Medicare Parts A and B coverage and a valid military ID. For more information, visit tricare.mil/tfl.

What is CHAMPVA?

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health care benefits program for the spouses and children of veterans who are rated by the VA as having a total and permanent disability due to their service-connected condition, or for the surviving spouses and children of veterans who died from their service-connected conditions. CHAMPVA acts as a health insurance that shares the cost of covered health care services and supplies.

To be eligible for CHAMPVA, members cannot qualify for TRICARE For Life, and they must be enrolled in Medicare Part A and Part B. For more information, visit va.gov.

To learn more about what UPMC *for Life* can do for veterans, go to upmchp.us/veterans.

Take advantage of the veterans marketing materials available on the [Marketing Storefront!](#)

PLANS DESIGNED FOR VETERANS BY VETERANS

UPMC *for Life* PPO Salute (PPO)

This plan is best for veterans with over 20 years of service to our country and who also have TRICARE For Life or CHAMPVA. It also provides members with rich extra benefits that Original Medicare does not offer so members do not have to pay more for additional coverage.

How does this plan work?

This plan closely mirrors Original Medicare for Parts A and B to work with the member's TRICARE For Life or CHAMPVA coverage. This plan gives members extra benefits they may not have now. With the PPO Salute plan, members have coverage for dental services, eyeglasses or contacts, hearing exams, gym memberships, and more. Plus, they get the UPMC *for Life* Flex Spend Card, which gives members additional dollars to help pay for doctor's office copays, fitness, over-the-counter products, and dental, vision, and hearing products.

Members who don't have TRICARE For Life or VA Coverage

UPMC *for Life* has many other plans that members can choose from based on their health care needs.

Our plan options include:

- \$0 premium with money back in the member's monthly Social Security check.
- HMO and PPO options that give members access to the doctors and hospitals they want.
- The UPMC *for Life* Flex Spend Card, which gives members additional dollars to help pay for doctor's office copays, fitness, over-the-counter products, home safety products, and dental, vision, and hearing products.
- Extra benefits, including dentures, contacts or glasses, hearing aids, and FREE gym memberships.

UPMC *for Life* HMO No Rx (HMO)

This plan is recommended for those who do not have TRICARE For Life and already have prescription coverage (through the VA or are a PACE/PACENET recipient). Members get medical coverage, access to the full UPMC *for Life* network, money back in their monthly Social Security check, and additional benefits like dental, vision, and hearing. Plus, they get the UPMC *for Life* Flex Spend Card, which gives members additional dollars to help pay for doctor's office copays, fitness, over-the-counter products, home safety products, and dental, vision, and hearing products.



Extra benefits and programs

This section highlights various services aimed at improving members' health and well-being. From personalized assistance with the Health Care Concierge team to key benefits like dental, vision, and hearing, we offer resources to support healthier living. Discover tools such as health apps, behavioral health support, health coaches, and additional services like SilverSneakers, in-home safety, and home-delivered meals.

EASY ACCESS TO HEALTH CARE INFORMATION

Health Care Concierge

Our Health Care Concierge team is committed to getting members the information and answers they need right away. We're here to help them:

- Research and find local doctors and hospitals.
- Check to see if a prescription drug is covered.
- Understand their health care costs.
- Get answers to benefit questions.
- Schedule doctor and preventive care appointments.

- Understand their coverage statements.
- Take advantage of their free gym membership and fitness benefits.

Connect with us



Members can chat with us on the UPMC Health Plan member site or app.



Members can call us at the phone number on their member ID card.

UPMC Health Plan member site and app

Members can use the same username and password to securely access their health care information through the UPMC Health Plan member site or app. Signing up is free, simple, and secure. To get started, members should go to upmchealthplan.com/members.

Here are some things members can do with these tools:

- View coverage, benefits, and plan documents.
- Access claims, spending, and premium invoices.

- Check their UPMC *for Life* Flex Spend Card balance and recent transactions.
- Find a participating doctor, hospital, or pharmacy.
- Select or change their primary care provider.
- Access member ID card.
- Chat with a Health Care Concierge or health coach.
- View prescriptions and search formulary for covered drugs.



Download the UPMC Health Plan app from the app store.

MyUPMC

MyUPMC is a free, secure online portal and app that lets members manage and access their health information anytime, anywhere. To get started, members should go to [MyUPMC.com](https://myupmc.com) to create an account or download the **MyUPMC app** from their device's app store. After logging in or registering, members can:

- Communicate with UPMC doctors.
- Schedule and manage medical appointments.

- View medical records, doctor's notes, and test results.
- Renew prescriptions.
- Pay UPMC provider bills.

Plus, MyUPMC users may be contacted by email, push notifications, or text message if a sooner time slot becomes available for a scheduled appointment.

Need help with digital tools? UPMC Health Plan Tech Guides are here to assist members with setting up and using our digital tools.

Schedule a virtual or in-person appointment by calling **1-833-685-5418 (TTY: 711)** Monday through Friday from 8 a.m. to 5 p.m. or visit upmchp.us/tech-appointment.

For security and privacy purposes, a valid photo ID is required for assistance with digital tools.





TOOLS FOR MENTAL AND EMOTIONAL HEALTH

Behavioral health coverage

At UPMC *for Life*, we believe in the importance of building and maintaining strong mental health and supporting recovery. We're here to help members, whether they want to make small changes to improve their life or need help with addiction or a significant behavioral health issue.

Our behavioral health coverage includes treatment for the following:

- Emotional difficulties
- Bereavement issues
- Marital or family problems
- Mental health disorders
- Substance misuse or dependence

To connect with our network of inpatient and outpatient treatment centers, members can visit upmchealthplan.com/find and select **Behavioral Health**. They can also call **1-888-251-0083 (TTY: 711)** Monday through Friday from 8 a.m. to 5 p.m.

Behavioral health coaches

Members can get one-on-one support from a behavioral health coach for free! Our team

of health coaches can help with a variety of concerns, such as depression, stress, anxiety, attention deficit/hyperactivity disorder, substance use, and more. We can help members:

- Recognize their symptoms and know when to seek help.
- Set goals and overcome barriers to achieve them.
- Find local behavioral health treatment and resources.

To talk with a licensed behavioral health coach over the phone, call **1-888-777-8754 (TTY: 711)** Monday through Friday from 8 a.m. to 5 p.m. For more information, visit upmchp.us/behavioral-health.

Personal counseling through UPMC *Resources for Life*

Members can get support for personal needs through *Resources for Life*, including six free personal counseling sessions per concern per year, plus free financial and legal consultations. Call **1-866-441-4395 (TTY: 711)** Monday through Friday from 8 a.m. to 5 p.m. to get started.

HEALTH COACHES AND CARE MANAGERS

Health coaches

Members can speak with a health coach for free—either over-the-phone at **1-855-395-8762 (TTY: 711)** Monday through Friday from 8 a.m. to 4:30 p.m.

Health coaches can help members:

- Make changes that will impact their health and well-being.
- Create a personalized plan based on their priorities, values, and learning preferences.
- Set goals, build skills, and overcome challenges.
- Stay on track with support and helpful resources.

Care managers

Our care managers are licensed clinical social workers or registered nurses. They can:

- Ensure clear understanding of the doctor's instructions, treatment plans, and prescribed medications.
- Facilitate coordination of care among all health care providers and services.
- Support continuity of care following discharge from a hospital or skilled nursing facility.
- Provide education on chronic conditions.
- Assist in utilizing health plan benefits effectively.
- Connect individuals with appropriate community resources and support services.

To learn more about our team of care managers, call **1-866-778-6073 (TTY: 711)** Monday through Friday from 8 a.m. to 4:30 p.m. or [visit our website](#).

HEALTH COVERAGE WHILE TRAVELING

Travel Concierge Program

HMO members have in-network coverage while traveling in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee. Members pay the same cost share for care in these states as they would for in-network care at home.

The UPMC *for Life* Health Care Concierge team helps members manage their care while traveling. They can:

- Help find a provider or pharmacy.
- Schedule medical appointments.
- Assist with prior authorizations, if needed.

IMPORTANT! Members cannot be out of the service area for more than six continuous months of the year. If members are away for six months or longer, they will be disenrolled from their UPMC *for Life* plan

Worldwide assistance

All UPMC *for Life* members have access to 24/7 worldwide emergency assistance when traveling more than 100 miles away from home, including to another country, at no cost. Members have access to doctors, hospitals, pharmacies, and other services worldwide, ensuring continuous care wherever they go.

Members can use worldwide assistance for:

- Emergency medical evacuation.
- Hospital admission assistance.
- Medical monitoring.
- Round-trip transportation for a family member or friend to accompany a member expected to be hospitalized for more than seven days while traveling alone.
- Help replacing forgotten prescriptions (additional costs may apply).
- Assistance with local language communications.
- Member transportation if medically necessary.
- Arranging for transport of mortal remains.

EXTRA BENEFITS AND PROGRAMS

Dental, vision, and hearing benefits

UPMC *for Life* plans include dental, vision, and hearing benefits. Plus, some plans offer the UPMC *for Life* Flex Spend Card with additional dollars members can spend however they like on dental, vision, and hearing services. This additional allowance is provided on top of the coverage allowances below.

Coverage varies by plan, and not all UPMC *for Life* plans offer the same benefits. Members can search and compare available plans in their area using the [Medicare shop tool](#).



Dental benefits

All UPMC *for Life* plans include preventive dental coverage for oral exams, cleanings, and x-rays. [Find a participating UPMC for Life Dental Advantage provider](#) for the following preventive benefits:

- Two oral exams and cleanings per year.
- One bitewing x-ray every 12 months.
- One panoramic x-ray every 36 months.
- Dental allowance for many dental services, like fillings, tooth extractions, bridges, crowns, and much more—some plans now include denture coverage (not all plans include a dental allowance).

In most cases, members are responsible for all other charges beyond preventive care. Preventive care copays and the dental allowance are excluded from the yearly medical deductible, if applicable, and do not count toward the annual maximum out-of-pocket. Copay and dental allowance amounts vary by plan.



Vision benefits

UPMC *for Life* plans include routine vision coverage for exams and eyewear. Members can see any provider they like, even if the provider is not in our vision provider network and receive the following benefits:

- One routine vision exam.
- One contact lens fitting.
- Routine vision allowance: The routine vision allowance can be used toward the cost of contact lenses or eyewear, including progressive and transitional lens.

Members can use our online search tool to [find a participating vision provider](#).

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 the annual out-of-pocket maximum. Routine vision allowance amounts vary by plan.



Hearing benefits

Most UPMC *for Life* plans include routine hearing coverage. Members enrolled in these plans get the following benefits:

- One hearing exam per year.
- One hearing aid fitting exam every year.
- **\$690-\$1,890 for one hearing aid per ear per year.** Members can choose from different types of hearing aids based on quality and cost. They must use an Amplifon hearing provider to get this important discount.

In most cases, members are responsible for all other charges beyond routine care. Hearing care copays and the hearing aid discount are excluded from the yearly deductible, if applicable, and do not count toward the annual maximum out-of-pocket.

SilverSneakers

SilverSneakers® fitness benefits make it easy to stay active in the most convenient way. UPMC *for Life* members get unlimited free gym memberships at participating fitness facilities nationwide. Plus:

- One FREE personal training session per year at a participating fitness facility.
- SilverSneakers LIVE online classes and workshops with instructors trained in senior fitness.
- SilverSneakers ON-DEMAND workout videos available anytime.
- SilverSneakers GO™ app with adjustable workout plans.
- Tuition reward dollars when you work out at participating fitness facilities.
- Live online learning with GetSetUp.

Learn more about these benefits on the [SilverSneakers website](#).

UPMC for Life Flex Spend Card

The UPMC for Life Flex Spend Card gives members additional dollars to help them stay healthy and independent. Members can use their Flex Spend Card when they need to for things like, doctor's office copays, fitness, over-the-counter products, and dental, vision, and hearing services.

- Members receive one allowance for dental, vision, and hearing services—in addition to existing dental and vision benefits.
- A second allowance can be used for medical service costs, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.
- Allowances are available throughout the plan year and do not carry over annually.

For more information on the UPMC for Life Flex Spend Card, visit upmchp.us/member-flex or see below for how it can be used.



Dental, vision, and hearing services

Members should use their plan benefits first for any dental, vision and hearing services and then use their Flex Spend Card to help pay for any out-of-pocket costs. This card can be used at providers that accept MasterCard, but using an in-network provider ensures full access to their plan benefits.

Here are some examples of dental, vision, and hearing services members can use their card for:

- **Dental services**—Teeth whitening, dental implants, dentures, denture repairs and realignments, tooth extractions, root canals, bridges, crowns, and periodontal work.
- **Vision services**—Contact lenses, eyeglasses, progressive and transition lenses, and prescription sunglasses.
- **Hearing services**—Hearing aids, hearing aid batteries, and hearing aid repairs.

Medical service costs, premier fitness, OTC products, and home safety products

- **Medical service costs.** Members can use their card anytime they are asked to pay out-of-pocket for their care, like for a doctor's office visit, urgent care visit, physical therapy, x-ray, or lab service. They can use \$50 of their allowance per transaction. If members need to pay out-of-pocket for medical service costs for any reason, they can submit a claim for reimbursement.
- **Premier fitness locations.** Use the card to pay for memberships or classes at any of our participating premier fitness locations, like Orangetheory Fitness, Pure Barre, Club Pilates, and CycleBar.
- **Fitness kits.** Use the card to buy one fitness kit per year. Members can choose from several fitness kit options based on their needs.
- **OTC products.** Use the card to buy covered OTC products at participating retail stores and through our mail-order catalog.
- **Home safety products.** Use the card to buy covered home safety products through our mail-order catalog, such as transfer benches, shower chairs, grab bars, bed rails, couch canes, raised toilet seats, and more.

The Flex Spend Card cannot be used to pay for prescription drug copays or monthly plan premiums (if applicable).

Preventive care reward dollars

Members can use their preventive care reward dollars to buy healthy foods at participating stores like Giant Eagle, Kroger, Walgreens, and Walmart! Choose from a variety of healthy foods, like fruits and vegetables, meats and seafood, healthy grains, and pantry staples. **To take advantage of reward dollars, members must shop in-store.** Reward dollars will not be accepted on participating retailer websites or apps.

Preventive care services

UPMC *for Life* covers most preventive care at 100 percent when you see a participating provider. That means members can get this important care at no additional cost. They can check with their PCP to find out what preventive care is right for them.

Preventive services fall into three categories:

- **Annual wellness visit**— Many doctors offer telehealth video visits, while others may prefer in-office visits based on individual needs.
- **Screenings**— Covered screenings include blood pressure, cancer screenings, depression, glaucoma, and more.
- **Immunizations**— Vaccines like the flu, COVID-19, pneumonia, and shingles help prevent illness. Many are covered at no cost, but copays may apply for some. Consult a doctor for recommendations.

Preventive care reward program

The UPMC *for Life* preventive care reward program allows members to earn rewards for completing eligible preventive screenings. Screenings must be completed by Dec. 31 each year. Once claims are processed, reward dollars will be automatically added to their UPMC *for Life* Flex Spend Card. Members can view their reward dollar balance on the UPMC Health Plan member site or app.

Preventive care	Reward
At-home checkup (Have a preventive care visit at home with a Matrix Medical Network health care provider)	\$25
Diabetic retinal eye exam	\$25
Annual wellness visit	\$30
Breast cancer screening (mammogram)	\$50
Colorectal cancer screening (Cologuard®, FIT test, colonoscopy, or flexible sigmoidoscopy)	\$60

Find out more about preventive care rewards, how to earn and use them, and how they differ from the UPMC *for Life* Flex Spend benefit at upmchp.us/medicare-preventive-care.

Extra support in times of need

In-home safety visit

All UPMC *for Life* members can take advantage of one FREE in-home safety visit per year with a licensed health care professional. During the visit, members will receive tips and advice to help live independently and feel safer at home. To schedule an in-home safety visit, call the Health Care Concierge team.

Home-delivered meals

Members with congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes can get home-delivered meals after an inpatient hospital stay, observational hospital stay, or a skilled nursing facility stay. Those who meet the criteria can receive up to two healthy meals per day for four weeks at no cost. This benefit can be used only once per year.





D-SNP

This section outlines the extra benefits and enrollment timeline of the UPMC *for Life* Complete Care (HMO D-SNP) plan, along with key information about UPMC Community HealthChoices.

EXTRA BENEFITS

The UPMC *for Life* Complete Care (HMO D-SNP) plan offers additional benefits designed to enhance members' overall health and wellness.

Special Supplemental Benefits for the Chronically Ill (SSBCI) program

Starting Jan. 1, 2026, members who have Low-Income Subsidy (LIS) and certain chronic illnesses will qualify for the SSBCI program. Members who qualify for the program will receive additional benefits.

These benefits include:

- \$110 per month for healthy foods and \$40 per month for household utilities on the member's Shop Healthy Card.
- Trips to nonmedical locations.
- Two healthy food kits per year.

To be eligible, members must qualify for Low-Income Subsidy (LIS) and have one of the following chronic illnesses: chronic and disabling mental health conditions, metabolic disorders, cardiovascular disorders, substance use disorders (alcohol, tobacco, opioid), diabetes, or other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on a member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

Members can qualify for the program at any time during the year. Once qualified, the member will have the additional benefits available to them.

- If a member believes they have a qualifying condition and should receive these benefits, they will need to schedule an appointment with their doctor.
- Following the appointment, the doctor must submit a claim to UPMC *for Life* identifying that the member has one of the qualifying conditions.
- Once UPMC *for Life* recognizes that the member qualifies for the program, the additional benefits will become available. This process may take 2-3 months.

UPMC *for Life* Complete Care Shop Healthy Card

All UPMC *for Life* Complete Care members can spend \$60 per month on OTC products and home safety products.

- **OTC products**—Wellness items such as vitamins, pain relief, first aid, sun protection, and more.
- **Home safety products**—Nonslip bathmat, grab bar, carbon monoxide detector, motion sensor light, and more.

Members who qualify get an additional \$110 per month to spend on healthy foods and \$40 per month for household utilities (gas, water, electric, heating, sewage, and trash).

- **Healthy foods**—Members can buy covered healthy foods like fruits, vegetables, healthy grains, meats and more, at participating retail stores.
- **Household utilities**—Members can use their Shop Healthy Card to pay their utility bills.

To learn more about the Shop Healthy Card, visit upmchp.us/member-shop-healthy.

2026 Benefits	Original Medicare Parts A and B	UPMC for Life Complete Care
 Inpatient and outpatient medical services.	\$0 copay	\$0 copay
 Prescription drug coverage.	✗	\$0 copay for Tier 1 and Tier 2 medications
 UPMC for Life Complete Care Shop Healthy Card to buy over-the-counter (OTC) and home safety products. Members who qualify get additional allowances on their card for healthy foods and household utilities.	✗	✓
 Dental allowance for dentures, bridges, crowns, root canals, and more.	✗	✓
 Vision allowance for contact lenses or glasses—now for all lens types, including progressive and transitional lenses.	✗	✓
 Hearing coverage for hearing aids and fittings.	✗	✓
 Trips to plan-approved locations like the doctor’s office, health care facilities, pharmacies, and fitness centers. Members who qualify can use some of their one-way trips to go to approved nonmedical locations, including grocery stores, salons, places of worship, libraries, banks, funeral homes, and community centers.	✗	✓
 Two healthy food kits delivered to your home each year for members who qualify.	✗	✓
 Unlimited routine podiatry visits per year.	✗	✓
 Unlimited gym memberships and one personal training session per year at a participating fitness center.	✗	✓
 Stay safe at home with up to five home safety products per year and one in-home safety assessment (in addition to the home safety products you can buy with the Shop Healthy Card).	✗	✓

SPECIAL NEEDS PLAN ENROLLMENT TIMELINE

AEP Oct. 15 – Dec. 7

During the Annual Enrollment Period, individuals with Medicare and full Medicaid can enroll in or change their D-SNP or Medicare Advantage plan without restriction.

**Special Election Period
Monthly starting Jan. 1**

Dual eligibles and LIS eligibles: Individuals who are full dual eligible or who have Low-Income Subsidy (LIS) will be permitted to change to Original Medicare and a prescription drug plan (PDP). This election cannot be used to enroll into a Medicare Advantage plan.

Integrated D-SNP + CHC eligibles: Individuals enrolled or in the process of enrolling in a Community HealthChoices (CHC) plan can only enroll in the D-SNP plan that is aligned with their CHC plan. Other special elections may allow for unaligned enrollment.

AUTO-ENROLLMENT RETROACTIVE NOTICE

Who gets this notice?

The auto-enrollment retroactive notice is sent to members who automatically qualify for Extra Help with a retroactive effective date because they either qualify for Medicare and full Medicaid benefits or get Supplemental Security Income (SSI). This mailing is limited to members who currently get their Medicare benefits through Original Medicare.

What is the purpose of this notice?

The notice is sent to eligible members by Original Medicare. It informs members that they'll be enrolled in a Medicare prescription drug plan if they haven't joined a plan on their own. The notice tells members which plan Medicare will enroll them in and outlines their costs in that plan. The notice is one page printed on yellow paper with a list of other available Medicare prescription drug plans on the back. The notice also includes a one-page (front and back) list of questions and answers about Medicare prescription drug coverage.

What should members do next?

Members should call the Medicare drug plan identified in the notice to get information about their new coverage and read the materials the plan sends in the mail.

Information about other Medicare drug plans can also be obtained by:

- Visiting [medicare.gov](https://www.medicare.gov).
- Calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.
- Calling the State Health Insurance Assistance Program (SHIP).
- Reading the Medicare & You handbook.

By enrolling in our plan, it will automatically disenroll the member from another plan.



COMMUNITY HEALTHCHOICES

Community HealthChoices vocabulary

Community HealthChoices—Community HealthChoices (CHC) is a Department of Human Services program that allows managed care organizations (MCO) to provide coverage for medical care and long-term services and supports (LTSS) for eligible individuals. UPMC Community HealthChoices is one of three CHC-MCOs that provide Community HealthChoices coverage in Pennsylvania.

Long-term services and supports—Long-term services and supports help individuals live as independently as possible. LTSS is provided in a nursing facility or in an individual's home and community. It may include assistance with activities such as bathing, dressing, preparing meals, and taking medications. Services include but are not limited to personal assistance services, in home nursing care, therapy, nonmedical transportation, and employment services. Eligibility for LTSS and type of services received are based on each individual's needs.

Community HealthChoices eligibility

Who is eligible for Community HealthChoices?

Individuals are eligible for Community HealthChoices if they are 21 years old or older, live in Pennsylvania, and:

- Dual eligible for Medicare and Medicaid (with or without LTSS); OR
- Eligible for Medicaid and qualify for LTSS because they need the level of care provided by a nursing facility.

Does Community HealthChoices cover behavioral health?

No, it does not cover behavioral health services. However, participants are eligible to receive behavioral health services from behavioral health managed care organizations (BH-MCOs). An individual can find the BH-MCO in their county, by visiting dhs.pa.gov or calling their CHC-MCO.



Medicare compliance tip: We are not allowed to promote our UPMC Community HealthChoices plan or influence a member's decision to choose or change their CHC-MCO.

When discussing Medicare enrollment, the individual's CHC plan should not be asked about or discussed. If you are speaking to a member who is known to be enrolled with Community HealthChoices, all questions about CHC benefits should be directed to their CHC-MCO.

Getting started

Where is Community HealthChoices available?

- Community HealthChoices is available in all Pennsylvania counties.

What three MCOs offer CHC plans?



PA Health & Wellness



AmeriHealth Caritas

(known as Keystone First in the Southeast)



UPMC Community HealthChoices

How can participants enroll with or change CHC-MCO's?

Participants can enroll with or change a CHC-MCO one of three ways:

- Online through the Independent Enrollment Broker (IEB) website, paieb.com.
- By mailing in their paper enrollment form to the IEB.
- Over the phone by calling the IEB at **1-844-824-3655**.

How does it work?

How does Community HealthChoices work with Medicare?

- Dual-eligible individuals are enrolled in/ receive benefits from TWO plans: a Medicare plan and a Medicaid plan. Medicare is the primary plan/payer and covers most services, including prescriptions. CHC is the secondary Medicaid plan.
- In most cases, providers must be in the individual's Medicare plan network, but they do not need to be in the individual's CHC plan network. However, if CHC is the primary payer because the service is covered by CHC not by Medicare, or if the Medicare benefit for CHC-covered service has been exhausted, then the provider must be in the CHC plan network.
- Choosing a Medicare plan does not affect the benefits covered by CHC.

What does Community HealthChoices cover?

Covers physical health benefits equal to the Medicaid adult benefit package.

- Individuals dual eligible for Medicaid and Medicare: CHC provides Medicaid secondary coverage.
- Individuals eligible for Medicaid and LTSS only (no Medicare): CHC provides Medicaid primary coverage.

Covers long-term services and supports (LTSS)*

- Ongoing support of long-term nursing facility residents; OR
- Home and community-based services (HCBS)

**Most CHC participants DO NOT receive LTSS. To receive LTSS, CHC participants must be assessed to be nursing facility clinically eligible (NFCE).*

Does Community HealthChoices have copays?

If an individual is dual eligible for Medicare and Medicaid, their Medicare copays are not changed or affected by Community HealthChoices. Each CHC-MCO has different CHC copays. A \$3 copay for brand-name medications is the only copay for UPMC CHC.

Copays do not apply to pregnant participants.

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