

# 2026 Plan Compare Guide

Allegheny County



## Find a better Medicare plan for you

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

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



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

# A better Medicare Advantage plan looks like UPMC for Life

- \$0** Plans start at **\$0** per month with benefits that can help you save money and get more value.
- \$** **\$100 back in your monthly Social Security check** with the UPMC for Life PPO Essential Care Rx (PPO) plan. That's \$1,200 back in your pocket each year.
- Rx** All plans with Part D prescription coverage have **\$0 copays for Tier 1 and Tier 2 drugs** at preferred retail and mail-order pharmacies.
- Tooth, eye, ear** **Dental, vision, and hearing benefits:** Coverage for dental services, a vision allowance to use on eyeglasses or contacts, and a great discount on hearing aids.
- Card** **The UPMC for Life Flex Spend Card** to help pay for care that supports your health and wellness.

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

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

### Your dollars, your choice

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



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

# Access to doctors and hospitals you know and trust

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



**60,000 doctors and specialists**



**330 hospitals and facilities**



**330 urgent care centers**



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

## Check your doctors



### Go online

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



### Call us

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



## You're covered when traveling

### Emergency and urgent care

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

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

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

### Global emergency medical assistance when you travel

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



Benefit	UPMC for Life PPO Essential Care Rx (PPO)
<b>Plan premium</b>	\$0 per month; \$100 Medicare Part B premium reduction per month
<b>Prescription drug coverage</b>	Yes, UPMC for Life Premier Rx Formulary
<b>Maximum out-of-pocket</b> (Your out-of-pocket spending limit for Medicare-covered services—this is not a deductible)	<b>IN:</b> \$8,000 per year, including copays and coinsurance <b>IN/OUT:</b> \$11,500 per year, including copays and coinsurance
<b>Annual deductible</b>	<b>IN/OUT:</b> \$500 for applicable services
<b>Primary care provider (PCP)</b> (in-office and telehealth)	<b>IN:</b> \$0 per visit (deductible does not apply) <b>OUT:</b> \$0 per visit after deductible (telehealth not covered)
<b>Specialist</b> (in-office and telehealth)	<b>IN:</b> \$45 per visit (deductible does not apply) <b>OUT:</b> 40% of the cost per visit after deductible (telehealth not covered)
<b>Inpatient hospital</b>	<b>IN:</b> \$380 per day (days 1-5) after deductible; \$0 per day (days 6 and beyond) after deductible <b>OUT:</b> 40% of the cost per stay after deductible
<b>Outpatient surgery</b>	<b>IN:</b> Ambulatory Surgery Center: \$380 per surgery after deductible; Outpatient hospital: \$380 per surgery after deductible <b>OUT:</b> 40% of the cost per surgery after deductible
<b>Emergency care</b>	<b>IN/OUT:</b> \$115 per visit (deductible does not apply)
<b>Urgent care</b>	<b>IN/OUT:</b> \$40 per visit (deductible does not apply)
<b>Physical therapy</b>	<b>IN:</b> \$35 per visit after deductible <b>OUT:</b> 40% of the cost per visit after deductible
<b>Lab services</b>	<b>IN:</b> \$10 per day per facility (deductible does not apply) <b>OUT:</b> 40% of the cost after deductible
<b>Durable medical equipment</b>	<b>IN:</b> 20% of the cost (deductible does not apply) <b>OUT:</b> 40% of the cost after deductible
<b>Diabetes supplies</b>	<b>IN:</b> \$0 for preferred diabetic monitors and test strips (deductible does not apply) <b>OUT:</b> 40% of the cost after deductible
<b>Dental<sup>2</sup></b>	<b>IN:</b> \$0 for two routine oral exams and cleanings per year (deductible does not apply); <b>OUT:</b> 40% of the cost (deductible does not apply); <b>IN/OUT:</b> \$2,600 maximum dental allowance with 50% coinsurance per year
<b>Vision<sup>3</sup></b>	<b>IN:</b> \$0 for one routine vision exam and one contact lens fitting exam per year (deductible does not apply); <b>OUT:</b> 40% of the cost (deductible does not apply); <b>IN/OUT:</b> \$200 allowance for eyeglasses or contact lenses per year
<b>Hearing<sup>4</sup></b>	<b>IN:</b> \$0 for one routine hearing exam and one hearing aid fitting per year (deductible does not apply) <b>OUT:</b> 40% of the cost (deductible does not apply) <b>IN:</b> You pay \$690 - \$1,890 for one hearing aid per ear per year.
<b>UPMC for Life Flex Spend Card</b> (Yearly allowances—do not roll over from year to year)	\$210 allowance for dental, vision, and hearing services; \$90 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

<b>UPMC for Life HMO Premier Rx (HMO)</b>	<b>UPMC for Life PPO Premier Rx (PPO)</b>
\$0 per month	\$0 per month
Yes, UPMC for Life Premier Rx Formulary	Yes, UPMC for Life Premier Rx Formulary
\$6,000 per year, including copays and coinsurance	<b>IN:</b> \$6,500 per year, including copays and coinsurance <b>IN/OUT:</b> \$10,000 per year, including copays and coinsurance
No deductible	No deductible
\$0 per visit	<b>IN:</b> \$0 per visit <b>OUT:</b> \$0 per visit (telehealth not covered)
\$35 per visit	<b>IN:</b> \$30 per visit <b>OUT:</b> \$45 per visit (telehealth not covered)
\$165 per day (days 1-7); \$0 per day (days 8 and beyond)	<b>IN:</b> \$165 per day (days 1-7); \$0 per day (days 8 and beyond) <b>OUT:</b> \$300 per day (days 1-7); \$0 per day (days 8 and beyond)
Ambulatory Surgery Center: \$325 per surgery; Outpatient hospital: \$325 per surgery	<b>IN:</b> Ambulatory Surgery Center: \$325 per surgery; Outpatient hospital: \$325 per surgery <b>OUT:</b> \$400 per surgery
\$130 per visit	<b>IN/OUT:</b> \$130 per visit
\$50 per visit	<b>IN/OUT:</b> \$50 per visit
\$35 per visit	<b>IN:</b> \$35 per visit <b>OUT:</b> \$45 per visit
\$0 per day per facility	<b>IN:</b> \$5 per day per facility <b>OUT:</b> \$20 per day per facility
20% of the cost	<b>IN:</b> 20% of the cost <b>OUT:</b> 30% of the cost
\$0 for preferred diabetic monitors and test strips	<b>IN:</b> \$0 for preferred diabetic monitors and test strips <b>OUT:</b> 30% of the cost
\$0 for two routine oral exams and cleanings per year; \$4,500 maximum dental allowance with 50% coinsurance per year	<b>IN:</b> \$0 for two routine oral exams and cleanings per year; <b>OUT:</b> 30% of the cost; <b>IN/OUT:</b> \$4,700 maximum dental allowance with 50% coinsurance per year
\$0 for one routine vision exam and one contact lens fitting exam per year; \$270 allowance for eyeglasses or contact lenses per year	<b>IN:</b> \$0 for one routine vision exam and one contact lens fitting exam per year; <b>OUT:</b> 30% of the cost; <b>IN/OUT:</b> \$250 allowance for eyeglasses or contact lenses per year
\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690 - \$1,890 for one hearing aid per ear per year.	<b>IN:</b> \$0 for one routine hearing exam and one hearing aid fitting per year <b>OUT:</b> 30% of the cost <b>IN:</b> You pay \$690 - \$1,890 for one hearing aid per ear per year.
\$350 allowance for dental, vision, and hearing services; \$150 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.	\$210 allowance for dental, vision, and hearing services; \$90 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

<b>UPMC for Life PPO Rx Choice (PPO)</b>	<b>UPMC for Life HMO Rx Choice (HMO)</b>
\$25 per month; \$2 Medicare Part B premium reduction per month	\$30 per month
Yes, UPMC for Life Advantage Rx Formulary	Yes, UPMC for Life Advantage Rx Formulary
<b>IN:</b> \$5,500 per year, including copays and coinsurance <b>IN/OUT:</b> \$9,000 per year, including copays and coinsurance	\$5,000 per year, including copays and coinsurance
No deductible	No deductible
<b>IN:</b> \$0 per visit <b>OUT:</b> \$0 per visit (telehealth not covered)	\$0 per visit
<b>IN:</b> \$20 per visit <b>OUT:</b> \$30 per visit (telehealth not covered)	\$35 per visit
<b>IN:</b> \$275 per stay <b>OUT:</b> \$350 per stay	\$395 per stay
<b>IN:</b> Ambulatory Surgery Center: \$250 per surgery; Outpatient hospital: \$250 per surgery <b>OUT:</b> \$350 per surgery	Ambulatory Surgery Center: \$250 per surgery; Outpatient hospital: \$250 per surgery
<b>IN/OUT:</b> \$130 per visit	\$130 per visit
<b>IN/OUT:</b> \$50 per visit	\$50 per visit
<b>IN:</b> \$20 per visit <b>OUT:</b> \$30 per visit	\$35 per visit
<b>IN:</b> Freestanding lab/doctor's office: \$0 per day per facility; Outpatient hospital: \$30 per day per facility <b>OUT:</b> \$50 per day per facility	Freestanding lab/doctor's office: \$0 per day per facility; Outpatient hospital: \$30 per day per facility
<b>IN:</b> 20% of the cost <b>OUT:</b> 30% of the cost	20% of the cost
<b>IN:</b> \$0 for preferred diabetic monitors and test strips <b>OUT:</b> 30% of the cost	\$0 for preferred diabetic monitors and test strips
<b>IN:</b> \$0 for two routine oral exams and cleanings per year; <b>OUT:</b> 30% of the cost; <b>IN/OUT:</b> \$6,000 maximum dental allowance with 50% coinsurance per year	\$0 for two routine oral exams and cleanings per year; \$5,000 maximum dental allowance with 50% coinsurance per year
<b>IN:</b> \$0 for one routine vision exam and one contact lens fitting exam per year; <b>OUT:</b> 30% of the cost; <b>IN/OUT:</b> \$300 allowance for eyeglasses or contact lenses per year	\$0 for one routine vision exam and one contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year
<b>IN:</b> \$0 for one routine hearing exam and one hearing aid fitting per year <b>OUT:</b> 30% of the cost <b>IN:</b> You pay \$690 - \$1,890 for one hearing aid per ear per year.	\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690 - \$1,890 for one hearing aid per ear per year.
\$345 allowance for dental, vision, and hearing services; \$145 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.	\$350 allowance for dental, vision, and hearing services; \$150 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

<b>UPMC for Life HMO Rx (HMO)</b>	<b>UPMC for Life HMO No Rx (HMO)</b>
\$90 per month	\$0 per month; \$125 Medicare Part B premium reduction per month
Yes, UPMC for Life Advantage Rx Formulary	No prescription drug coverage
\$4,500 per year, including copays and coinsurance	\$6,000 per year, including copays and coinsurance
No deductible	No deductible
\$0 per visit	\$0 per visit
\$25 per visit	\$25 per visit
\$295 per stay	\$495 per stay
Ambulatory Surgery Center: \$200 per surgery; Outpatient hospital: \$200 per surgery	Ambulatory Surgery Center: \$250 per surgery; Outpatient hospital: \$250 per surgery
\$130 per visit	\$130 per visit
\$50 per visit	\$50 per visit
\$25 per visit	\$25 per visit
\$0 per day per facility	\$0 per day per facility
20% of the cost	20% of the cost
\$0 for preferred diabetic monitors and test strips	\$0 for preferred diabetic monitors and test strips
\$0 for two routine oral exams and cleanings per year; \$5,000 maximum dental allowance with 30% coinsurance per year	\$0 for two routine oral exams and cleanings per year; \$3,000 maximum dental allowance with 50% coinsurance per year
\$0 for one routine vision exam and one contact lens fitting exam per year; \$225 allowance for eyeglasses or contact lenses per year	\$0 for one routine vision exam and one contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year
\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690 - \$1,890 for one hearing aid per ear per year.	\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690 - \$1,890 for one hearing aid per ear per year.
\$700 allowance for dental, vision, and hearing services; \$300 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.	\$250 allowance for dental, vision, and hearing services; \$250 allowance for medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

# Have questions? We're here for you!



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



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



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

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

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

You can call us **Oct. 1 through March 31** seven days a week from 8 a.m. to 8 p.m. From **April 1 through July 31**, we're available Monday through Friday from 8 a.m. to 8 p.m. Then, from **Aug. 1 through Sept. 30**, you can reach us Monday through Friday from 8 a.m. to 8 p.m., and on Saturdays from 9 a.m. to 3 p.m.

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

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

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

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



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

# Your 2026 Enrollment Kit

Allegheny County



**HERE'S THE  
PLAN**

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

# Have questions? Ready to enroll?



## Call us.

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

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

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

**April 1 - July 31** Monday through Friday from 8 a.m. to 8 p.m.

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



## Shop online.

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



Allegheny County

## What's in your enrollment kit

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



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



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



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



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



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



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

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

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



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

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

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



### **Visit our website at [upmchealthplan.com/medicare](http://upmchealthplan.com/medicare).**

Search for your doctors, learn about extra benefits, and chat with us live.



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

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



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

\*You can call us Oct. 1 through March 31 seven days a week from 8 a.m. to 8 p.m. From April 1 through July 31, we're available Monday through Friday from 8 a.m. to 8 p.m. Then, from Aug. 1 through Sept. 30, you can reach us Monday through Friday from 8 a.m. to 8 p.m., and on Saturdays from 9 a.m. to 3 p.m.

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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



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

**UPMC HEALTH PLAN**

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

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



# DRUG LIST

RX







# 2026 UPMC for Life Top 200 Drug List

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

**This is not a complete list of the drugs we cover.** To search our full list of covered drugs and understand your prescription drug costs based on your plan and pharmacy, go to [upmchp.us/medicare-prescriptions](http://upmchp.us/medicare-prescriptions).

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

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

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

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

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

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

## UPMC for Life prescription drug transition process

If you're new to UPMC for Life, you may be taking medications that are not on our formulary, or you may be taking a medication that is on our formulary but your ability to get it is limited. During your first 90 days as a member of our plan, we may cover a limited amount of your current medication therapy. This gives you a chance to talk to your doctor and determine the right course of action for you. For more information, go to [upmchp.us/transition-policy](http://upmchp.us/transition-policy).

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

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

CAPITALIZED = BRAND NAME

lowercase *italics* = generic drug

Drug Name	Premier Rx Plans	All Other Plans
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T2	T2
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	T2	T2
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	T2
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T2	T2
<i>citalopram oral tablet</i>	T1	T1
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T2	T2
<i>clobetasol scalp solution</i>	T3	T2
<i>clobetasol topical cream 0.05 %</i>	T3	T2
<i>clobetasol topical gel</i>	T4	T3
<i>clobetasol topical ointment</i>	T3	T2
<i>clobetasol-emollient topical cream</i>	T3	T3
<i>clonazepam oral tablet</i>	T3	T3
<i>clonidine hcl oral tablet</i>	T2	T2
<i>clopidogrel oral tablet 75 mg</i>	T1	T1
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T3	T2
<i>cyclosporine ophthalmic (eye) dropperette</i>	T3	T3
<b>D</b>		
<i>DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET</i>	T3	T3
<i>diazepam oral tablet</i>	T3	T3
<i>diclofenac sodium ophthalmic (eye) drops</i>	T2	T2
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	T4	T3
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	T3	T3
<i>dicyclomine oral capsule</i>	T2	T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans
<i>dicyclomine oral tablet 20 mg</i>	T2	T2
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	T2
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	T2
<i>divalproex oral tablet, delayed release (dr/ec)</i>	T3	T2
<i>donepezil oral tablet 10 mg, 5 mg</i>	T1	T1
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	T2	T2
<i>doxazosin oral tablet</i>	T2	T2
<i>doxycycline hyclate oral capsule 100 mg</i>	T2	T2
<i>doxycycline hyclate oral capsule 50 mg</i>	T4	T4
<i>doxycycline hyclate oral tablet 100 mg</i>	T2	T2
<i>doxycycline hyclate oral tablet 20 mg</i>	T3	T3
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	T2
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	T2	T2
<i>doxycycline monohydrate oral tablet 50 mg</i>	T4	T4
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	T3	T3
<b>E</b>		
<i>ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK</i>	T3	T3
<i>ELIQUIS ORAL TABLET</i>	T3	T3
<i>enalapril maleate oral tablet</i>	T1	T1

Drug Name	Premier Rx Plans	All Other Plans
<b>E</b>		
<i>escitalopram oxalate oral tablet</i>	T2	T2
<i>ezetimibe oral tablet</i>	T4	T4
<b>F</b>		
<i>famotidine oral tablet 20 mg, 40 mg</i>	T2	T2
<b>FARXIGA ORAL TABLET</b>	T3	T3
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T3	T3
<i>fenofibrate nanocrystallized oral tablet</i>	T3	T3
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T3	T3
<b>FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN</b>	T3	T3
<b>FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE</b>	T3	T3
<b>FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION</b>	T3	T3
<i>finasteride oral tablet 5 mg</i>	T2	T2
<i>fluconazole oral tablet 100 mg, 200 mg</i>	T3	T2
<i>fluconazole oral tablet 150 mg, 50 mg</i>	T2	T2
<i>fluoxetine oral capsule</i>	T2	T2
<b>FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE</b>	T3	T3
<b>FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER</b>	T3	T3

Drug Name	Premier Rx Plans	All Other Plans
<i>fluticasone propionate topical cream</i>	T2	T2
<i>fluticasone propionate topical ointment</i>	T2	T2
<b>FLUTICASONE PROPIONATE SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED</b>	T2	T2
<i>furosemide oral tablet</i>	T2	T2
<b>G</b>		
<i>gabapentin oral capsule</i>	T4	T4
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T4	T4
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	T1
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	T1
<i>glipizide oral tablet extended release 24hr</i>	T1	T1
<b>GLYXAMBI ORAL TABLET</b>	T3	T3
<b>H</b>		
<i>hydralazine oral tablet</i>	T2	T2
<i>hydrochlorothiazide oral capsule</i>	T1	T1
<i>hydrochlorothiazide oral tablet</i>	T1	T1
<i>hydroxychloroquine oral tablet 200 mg</i>	T3	T2
<b>I</b>		
<i>ibu oral tablet 600 mg, 800 mg</i>	T2	T2
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T2	T2
<b>INSULIN LISPRO SUBCUTANEOUS SOLUTION</b>	T3	T3
<i>irbesartan oral tablet</i>	T1	T1

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*lowercase italics* = generic drug

Drug Name	Premier Rx Plans	All Other Plans
<b>J</b>		
<i>jantoven</i> oral tablet	T2	T2
JANUMET ORAL TABLET	T3	T3
JANUMET XR ORAL TABLET, ER MULTIPHASE 24HR	T3	T3
JANUVIA ORAL TABLET	T3	T3
JARDIANCE ORAL TABLET	T3	T3
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	T3	T3
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T3
<b>K</b>		
<i>ketoconazole</i> oral tablet	T3	T3
<i>ketoconazole</i> topical cream	T3	T3
<i>ketoconazole</i> topical shampoo	T2	T2
<b>L</b>		
<i>labetalol</i> oral tablet 100 mg, 200 mg, 300 mg	T3	T2
<i>lamotrigine</i> oral tablet	T2	T2
<i>lansoprazole</i> oral capsule, delayed release (dr/ec)	T3	T3
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN	T3	T3
<i>latanoprost</i> ophthalmic (eye) drops	T1	T1
<i>levetiracetam</i> oral tablet	T2	T2
<i>levocetirizine</i> oral tablet	T2	T2
<i>levothyroxine</i> oral tablet	T1	T1
LINZESS ORAL CAPSULE	T3	T3
<i>lisinopril</i> oral tablet	T1	T1

Drug Name	Premier Rx Plans	All Other Plans
<i>lisinopril</i> -hydrochlorothiazide oral tablet	T1	T1
<i>lorazepam</i> intensol oral concentrate	T4	T4
<i>lorazepam</i> oral tablet	T3	T3
<i>losartan</i> oral tablet	T1	T1
<i>losartan</i> -hydrochlorothiazide oral tablet	T1	T1
<i>lovastatin</i> oral tablet	T1	T1
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	T3
<b>M</b>		
<i>meloxicam</i> oral tablet	T3	T2
<i>memantine</i> oral tablet	T3	T2
<i>metformin</i> oral tablet 1,000 mg, 500 mg, 850 mg	T1	T1
<i>metformin</i> oral tablet extended release 24hr (generic Glucophage XR)	T1	T1
<i>methocarbamol</i> oral tablet 500 mg, 750 mg	T3	T3
<i>methotrexate</i> sodium oral tablet	T1	T1
<i>methylprednisolone</i> oral tablets, dose pack	T2	T2
<i>metoprolol</i> succinate oral tablet extended release 24hr	T2	T2
<i>metoprolol</i> tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	T1
<i>metronidazole</i> oral tablet 250 mg, 500 mg	T2	T2
<i>metronidazole</i> topical cream	T4	T4
<i>metronidazole</i> topical gel 0.75 %	T3	T3
<i>metronidazole</i> vaginal gel 0.75 % (37.5mg/5 gram)	T4	T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans	Drug Name	Premier Rx Plans	All Other Plans
<b>M</b>					
MIEBO (PF) OPHTHALMIC (EYE) DROPS	T3	T3	NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	T3	T3
<i>mirabegron oral tablet</i> extended release 24hr	T3	T3	NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	T3	T3
<i>mirtazapine oral tablet</i> 15 mg, 30 mg, 45 mg	T2	T2	NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	T3	T3
<i>mirtazapine oral tablet</i> 7.5 mg	T3	T3	NOVOLOG MIX 70- 30 U-100 INSULIN SUBCUTANEOUS SOLUTION	T3	T3
<i>mirtazapine oral tablet,</i> disintegrating	T4	T3	NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T3	T3
<i>montelukast oral tablet</i>	T2	T2	NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	T3
MOUNJARO SUBCUTANEOUS PEN INJECTOR	T3	T3	NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	T3	T3
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	T3	T3	<i>nystatin topical cream</i>	T2	T2
<b>N</b>					
<i>naproxen oral tablet</i>	T2	T2	<i>nystatin topical ointment</i>	T2	T2
<i>nitroglycerin sublingual</i> tablet	T3	T2	<i>nystatin topical powder</i>	T3	T3
<i>nitroglycerin transdermal</i> patch 24hr	T2	T2	●		
<i>nitroglycerin translingual</i> spray, non-aerosol	T4	T4	<i>olanzapine oral tablet</i>	T3	T2
<i>nortriptyline oral capsule</i>	T3	T2	<i>olmesartan oral tablet</i>	T1	T1
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	T3	T3	<i>omeprazole oral capsule,</i> delayed release (dr/ec)	T2	T2
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	T3	T3	<i>ondansetron hcl oral</i> tablet 4 mg, 8 mg	T2	T2
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	T3	T3	<i>oseltamivir oral capsule</i>	T2	T2
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	T3	T3	<i>oxybutynin chloride oral</i> tablet 5 mg	T2	T2

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*lowercase italics* = generic drug

Drug Name	Premier Rx Plans	All Other Plans
<i>oxybutynin chloride oral tablet extended release 24hr</i>	T3	T3
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)</b>	T3	T3
<b>P</b>		
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	T3	T3
<i>paroxetine hcl oral tablet</i>	T2	T2
<i>peg 3350-electrolytes oral recon soln</i>	T1	T1
<i>peg-electrolyte oral recon soln</i>	T1	T1
<i>penicillin v potassium oral tablet</i>	T2	T2
<i>pioglitazone oral tablet</i>	T1	T1
<i>potassium chloride oral capsule, extended release</i>	T2	T2
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	T2	T2
<i>pravastatin oral tablet</i>	T1	T1
<i>prednisolone acetate ophthalmic (eye) drops, suspension</i>	T2	T2
<i>prednisone oral tablet</i>	T3	T3
<i>pregabalin oral capsule</i>	T4	T4
<i>prochlorperazine maleate oral tablet</i>	T4	T4
<i>propranolol oral tablet</i>	T2	T2
<b>Q</b>		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T3	T2
<i>quinapril oral tablet</i>	T1	T1
<b>R</b>		
<i>raloxifene oral tablet</i>	T3	T2
<i>ramipril oral capsule</i>	T1	T1

Drug Name	Premier Rx Plans	All Other Plans
<i>repaglinide oral tablet</i>	T1	T1
<i>risperidone oral tablet</i>	T2	T2
<i>ropinirole oral tablet</i>	T3	T2
<i>rosuvastatin oral tablet</i>	T1	T1
<b>RYBELSUS ORAL TABLET</b>	T3	T3
<b>S</b>		
<i>saxagliptin oral tablet</i>	T2	T2
<i>saxagliptin-metformin oral tablet, er multiphase 24hr</i>	T2	T2
<i>sertraline oral tablet</i>	T2	T2
<b>SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	T1	T1
<i>simvastatin oral tablet</i>	T1	T1
<i>solifenacin oral tablet</i>	T4	T4
<i>sotalol oral tablet</i>	T2	T2
<b>SPIRIVA RESPIMAT INHALATION MIST</b>	T3	T3
<i>spironolactone oral tablet</i>	T2	T2
<i>sucralfate oral tablet</i>	T4	T3
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	T2	T2
<i>sumatriptan succinate oral tablet</i>	T1	T1
<b>SYNJARDY ORAL TABLET</b>	T3	T3
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR</b>	T3	T3
<b>SYNTHROID ORAL TABLET</b>	T3	T3
<b>T</b>		
<i>tamsulosin oral capsule</i>	T2	T2
<i>temazepam oral capsule 15 mg, 30 mg</i>	T3	T3
<i>terazosin oral capsule</i>	T2	T2
<i>ticagrelor oral tablet</i>	T3	T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans
<b>T</b>		
<i>timolol maleate ophthalmic (eye) drops</i>	T2	T2
<i>tiotropium bromide inhalation capsule, w/ inhalation device</i>	T2	T2
<i>tizanidine oral tablet</i>	T2	T2
<i>tolterodine oral capsule, extended release 24hr</i>	T4	T4
<i>topiramate oral tablet</i>	T2	T2
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN	T3	T3
TRADJENTA ORAL TABLET	T3	T3
<i>tramadol oral tablet 50 mg</i>	T3	T3
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T2	T2
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T3	T3
<i>triamcinolone acetonide dental paste</i>	T4	T4
<i>triamcinolone acetonide topical cream</i>	T2	T2
<i>triamcinolone acetonide topical lotion</i>	T2	T2
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	T2
<i>triamterene-hydrochlorothiazid oral capsule</i>	T1	T1
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	T1
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T3
TRULICITY SUBCUTANEOUS PEN INJECTOR	T3	T3

Drug Name	Premier Rx Plans	All Other Plans
<b>V</b>		
<i>valacyclovir oral tablet</i>	T3	T3
<i>valsartan oral tablet</i>	T1	T1
<i>valsartan-hydrochlorothiazide oral tablet</i>	T1	T1
<i>venlafaxine oral capsule, extended release 24hr</i>	T2	T2
VENTOLIN HFA AEROSOL INHALER	T3	T3
<i>verapamil oral tablet extended release</i>	T2	T2
<b>W</b>		
<i>warfarin oral tablet</i>	T2	T2
<b>X</b>		
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	T3	T3
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	T3	T3
XARELTO ORAL TABLET	T3	T3
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T3
XiIDRA OPHTHALMIC (EYE) DROPPERETTE	T3	T3
<b>Z</b>		
<i>zolpidem oral tablet</i>	T3	T3

Some drugs have special rules for coverage. To see if your drug has special rules for coverage, use our searchable prescription drug tool at **upmchp.us/prescription-coverage**. Talk to your doctor to decide if you should switch to another drug that we cover or make a coverage request.

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# MEDICARE BASICS





# The four parts of Medicare

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

## PART A

Covers inpatient hospital costs.

## PART B

Covers outpatient medical costs.



## PART C (MEDICARE ADVANTAGE PLANS)

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

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

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

## PART D

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

# When can I enroll?

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

**3 months  
before your  
birth month**



**Your  
birth  
month**



**3 months  
after your  
birth month**

**You can change your coverage every year.**

**Annual Enrollment  
Period:**

Oct. 15 - Dec. 7

**Open Enrollment  
Period:**

Jan. 1 - March 31

**Lock-in Period:**

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

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

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



# Health care words to know

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

## Coinsurance

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

## Copay

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

## Deductible

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

## Health maintenance organization (HMO)

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

## In-network (IN)

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

## Maximum out-of-pocket

This is the most you will have to pay during the coverage year for covered medical services. Once you reach this limit, your plan will pay all costs for covered medical services. **This is not a deductible.**

## Out-of-network (OUT)

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

## Preferred provider organization (PPO)

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

# Help with your Medicare costs

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

For more details on the below programs, including income eligibility, visit [upmchp.us/extra-help](http://upmchp.us/extra-help) or scan this code:



## To see if you qualify for Extra Help:

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

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

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

Call the Pennsylvania Department of Aging at **1-800-225-7223 (TTY: 1-800-222-9004)** weekdays from 8:30 a.m. to 5 p.m., or enroll online at [pacecares.primetherapeutics.com](http://pacecares.primetherapeutics.com).

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

Call the Pennsylvania Department of Human Services COMPASS Helpline at **1-800-692-7462 (TTY: 1-800-451-5886)** weekdays from 8:30 a.m. to 4:30 p.m., or visit [compass.dhs.pa.gov](http://compass.dhs.pa.gov).

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

Go to your local VA facility, or apply online at [VA.gov](http://VA.gov).

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

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# SUMMARY OF BENEFITS





# UPMC *for Life*

## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* PPO Essential Care Rx (PPO)

Summary of Benefits  
PPO

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for this plan includes the following counties in Pennsylvania: **Allegheny, Armstrong, Beaver, Berks, Bradford, Butler, Cameron, Carbon, Clarion, Clearfield, Crawford, Cumberland, Dauphin, Erie, Fayette, Greene, Indiana, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Montour, Northampton, Perry, Potter, Susquehanna, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.**

HERE'S THE  
**PLAN**

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UPMC *for Life*  
UPMC Health Plan Medicare Program

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us at [upmchealthplan.com](http://upmchealthplan.com)

### Available hours:

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

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

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

### Available hours:

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

**April 1 - July 31:** Monday through Friday from 8 a.m. to 8 p.m.

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

## Find what you need online.



Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare) where you can:

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



### UPMC Health Plan mobile app

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



### UPMC Health Plan member site

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



# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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

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

**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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

## UPMC for Life PPO Essential Care Rx

In-Network (IN)

Out-of-Network (OUT)

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

<b>Monthly plan premium</b>	\$0 per month; \$100 Medicare Part B premium reduction per month
<b>Annual deductible</b>	<b>COMBINED IN/OUT: \$500</b>
<b>Maximum out-of-pocket responsibility</b>	<b>IN:</b> \$8,000 for Medicare-covered services, including copays and coinsurance, and the deductible. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs. <b>COMBINED IN/OUT:</b> \$11,500 for Medicare-covered services, including copays and coinsurance, and the deductible. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$380 per day for days 1-5 after deductible and \$0 per day for days 6 and beyond after deductible	40% of the cost per stay after deductible
<b>Outpatient hospital coverage*</b>	\$380 per service after deductible	40% of the cost per service after deductible
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$380 per service after deductible	40% of the cost per service after deductible
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit (deductible does not apply), \$0 per telehealth visit (deductible does not apply) Specialist: \$45 per visit (deductible does not apply); \$45 per telehealth visit (deductible does not apply)	Primary care provider: \$0 per in-person visit after deductible Specialist: 40% of the cost per in-person visit after deductible

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Preventive care</b>	<b>IN:</b> \$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings (deductible does not apply) <b>OUT:</b> 40% of the cost per service (deductible does not apply)	
<b>Emergency care</b>	<b>IN/OUT:</b> \$115 per visit (deductible does not apply)	
<b>Urgently needed services</b>	<b>IN/OUT:</b> \$40 per visit (deductible does not apply)	
<b>Diagnostic services/labs*</b>	\$10 per day per facility (deductible does not apply)	40% per day per facility after deductible
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$275 per service after deductible; Basic imaging and X-rays: \$50 per service after deductible	Advanced imaging (CT, MRI, and PET scans): 40% of the cost per service after deductible; Basic imaging and X-rays: 40% of the cost per service after deductible

## Dental, Vision, and Hearing Coverage

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

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$45 per visit (deductible does not apply);</p> <p>\$0 for 2 cleaning(s) per year (deductible does not apply); \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. (deductible does not apply);</p> <p>\$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months. (deductible does not apply);</p>	<p>Medicare-covered: 40% of the cost per visit after deductible; 40% of the cost for 2 cleaning(s) per year (deductible does not apply); 40% of the cost for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. (deductible does not apply);</p> <p>40% of the cost for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months. (deductible does not apply);</p>

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$45 per visit (deductible does not apply); \$0 for 1 routine vision exam and 1 contact lens fitting exam per year (deductible does not apply);</p> <p><b>IN/OUT:</b> \$200 allowance for routine contact lenses or eyeglasses, including lens options, per year (deductible does not apply). <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	<p>Medicare-covered: 40% of the cost per visit after deductible; 40% of the cost for 1 routine vision exam and 1 contact lens fitting exam per year (deductible does not apply);</p>

## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$380 per day for days 1-5 and \$0 per day for days 6 and beyond after deductible; Outpatient therapy: \$45 per visit after deductible, \$45 per telehealth visit after deductible	Inpatient: 40% of the cost per stay after deductible; Outpatient therapy: 40% of the cost per in-person visit after deductible
<b>Skilled nursing facility*</b>	\$0 per day (days 1-20) (deductible does not apply); \$218 per day (days 21-100) (deductible does not apply)	40% of the cost per stay after deductible
<b>Physical Therapy*</b>	\$35 per visit after deductible	40% of the cost per visit after deductible
<b>Ambulance*</b>	\$50 for treat and no transport after deductible; \$295 per one-way trip	40% of the cost after deductible
<b>Transportation</b>	Not covered	Not covered

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply)	40% of the cost after deductible; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply)
<b>Durable medical equipment*</b>	20% of the cost per item (deductible does not apply)	40% of the cost per item after deductible
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips (deductible does not apply); 20% of the cost for non-preferred diabetic supplies (deductible does not apply)	40% of the cost per item after deductible
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service (deductible does not apply) No routine chiropractic care	Medicare-covered: 40% of the cost after deductible; No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$45 per visit after deductible; Routine (4 visits per year): \$45 per routine visit (deductible does not apply)	Medicare-covered: 40% of the cost per visit after deductible; Routine (4 visits per year): 40% of the cost per routine visit (deductible does not apply)

## Extra Benefits and Services

<b>UPMC for Life Flex Spend Card</b>	\$90 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products. \$210 allowance per year to spend on dental, vision, and hearing services. These allowances do not roll over from year to year
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\* Services with an asterisk (\*) may require prior authorization.

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
		<ul style="list-style-type: none"><li>• <b>Medical service costs.</b> Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). <b>You can use \$50 of your allowance per transaction.</b> You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.</li><li>• <b>Premier fitness locations.</b> Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.</li><li>• <b>Fitness kits.</b> Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.</li><li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li><li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li><li>• <b>Dental services.</b> Use your dental benefit allowance of \$2,600 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li><li>• <b>Vision services.</b> Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li><li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li></ul>

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

## UPMC for Life PPO Essential Care Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.	
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.	
<b>Home Safety</b>	Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.	
<b>Personal Counseling</b>	Receive 6 counseling sessions per concern per year through Resources <i>for Life</i> at no additional cost.	
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.	
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.	
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	
<b>24/7 Video Visits<sup>6</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit (deductible does not apply)	

## Utilization Management

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

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

For more information about our UM program, you can call a Health Care Concierge. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return

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

your call. You can also request a copy of the criteria we use to make UM decisions from your Concierge.

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

# Prescription Drug Costs

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

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2026, many plans have a deductible when filling prescriptions on Tier 3, Tier 4, and Tier 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

**The UPMC *for Life* PPO Essential Care Rx deductible for Tier 3, Tier 4, and Tier 5 is \$500.**

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply				
	Retail		Retail			Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30	
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40	
Tier 3 Preferred Brand	UPMC <i>for Life</i> PPO Essential Care Rx: 24%						
Tier 4 Non-Preferred	UPMC <i>for Life</i> PPO Essential Care Rx: 29%						
Tier 5 Specialty	UPMC <i>for Life</i> PPO Essential Care Rx: 27% (up to 30-day supply only)						
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105	

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

### Catastrophic coverage stage

Your total yearly drug costs will be capped at \$2,100. Once the costs paid by you and your plan reach \$2,100, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

## Pharmacy benefits

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

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

### Make sure your drugs are covered.



To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 1.



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

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

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

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

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

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

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

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

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

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

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# UPMC *for Life*

## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* HMO Premier Rx (HMO)

HMO  
Summary of Benefits

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for this plan includes the following counties in Pennsylvania: **Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Huntingdon, Indiana, Lawrence, Somerset, and Washington.**

HERE'S THE  
**PLAN**

H3907\_263002\_M

UPMC *for Life*  
UPMC Health Plan Medicare Program

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us at [upmchealthplan.com](http://upmchealthplan.com)

### Available hours:

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

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

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

### Available hours:

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

## Find what you need online.



Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare) where you can:

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



### UPMC Health Plan mobile app

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



### UPMC Health Plan member site

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



# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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

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

**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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

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

<b>Monthly plan premium</b>	\$0 per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$6,000 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible and does not include costs for Part D prescription drugs.

## Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$165 per day for days 1-7 and \$0 per day for days 8 and beyond
<b>Outpatient hospital coverage*</b>	\$325 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$325 per service received at a standalone ASC; \$325 per service at a hospital ASC
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$35 per visit; \$35 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$130 per visit
<b>Urgently needed services</b>	\$50 per visit
<b>Diagnostic services/labs*</b>	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$180 per service; Basic imaging and X-rays: \$25 per service

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

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	<p>Medicare-covered: \$35 per visit; \$0 for 1 routine hearing exam per year; \$0 for 1 hearing aid fitting per year You pay \$690 - \$1,890 copay for 2 hearing aid(s) one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<b>Dental services<sup>3</sup></b>	<p>Medicare-covered: \$35 per visit; \$0 for 2 cleaning(s) per year; \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. \$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months. \$4,500 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work. <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

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

## UPMC for Life HMO Premier Rx

<b>Vision services<sup>4</sup></b>	Medicare-covered: \$35 per visit; \$0 for 1 routine vision exam and 1 contact lens fitting exam per year; \$270 allowance for routine contact lenses or eyeglasses, including lens options, per year. <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>
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## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$165 per day for days 1-7 and \$0 per day for days 8 and beyond; Outpatient therapy: \$35 per visit, \$35 per telehealth visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$218 per day (days 21-100)
<b>Physical Therapy*</b>	\$35 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$270 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$35 per visit; Routine (4 visits per year): \$35 per routine visit

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### Extra Benefits and Services

#### UPMC for Life Flex Spend Card

\$150 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

\$350 allowance per year to spend on dental, vision, and hearing services.

These allowances do not roll over from year to year

- **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for your care (copays, coinsurance, and deductibles). **You can use \$50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.
- **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.
- **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.
- **Over-the-counter products.** Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: [upmchp.us/flex-spend-card](http://upmchp.us/flex-spend-card).
- **Home safety products.** Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.
- **Dental services.** Use your dental benefit allowance of \$4,500 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.

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## UPMC for Life HMO Premier Rx

	<ul style="list-style-type: none"> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$270 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.
<b>Home Safety</b>	Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive 6 counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee</b> .
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>24/7 Video Visits<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

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## Utilization Management

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

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

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

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# Prescription Drug Costs

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

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2026, many plans have a deductible when filling prescriptions on Tier 3, Tier 4, and Tier 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

**The UPMC *for Life* HMO Premier Rx deductible for Tier 3, Tier 4, and Tier 5 is \$350.**

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply				
	Retail		Retail			Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30	
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40	
Tier 3 Preferred Brand	UPMC <i>for Life</i> HMO Premier Rx: 24%						
Tier 4 Non-Preferred	UPMC <i>for Life</i> HMO Premier Rx: 31%						
Tier 5 Specialty	UPMC <i>for Life</i> HMO Premier Rx: 29% (up to 30-day supply only)						
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105	

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

### Catastrophic coverage stage

Your total yearly drug costs will be capped at \$2,100. Once the costs paid by you and your plan reach \$2,100, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

## Pharmacy benefits

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

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

### Make sure your drugs are covered.



To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 1.



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

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

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

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

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

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

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

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

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

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

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# UPMC *for Life*

## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* PPO Premier Rx (PPO)

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for this plan includes the following counties in Pennsylvania: **Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Carbon, Clarion, Clearfield, Crawford, Erie, Fayette, Greene, Huntingdon, Indiana, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, and Westmoreland.**

HERE'S THE  
**PLAN**

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UPMC *for Life*  
UPMC Health Plan Medicare Program

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# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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

**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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## UPMC for Life PPO Premier Rx

In-Network (IN)

Out-of-Network (OUT)

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

Monthly plan premium	\$0 per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	<b>IN:</b> \$6,500 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs. <b>COMBINED IN/OUT:</b> \$10,000 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This is not a deductible, and does not include costs for Part D prescription drugs.

### Basic Medical and Hospital Costs

Inpatient hospital coverage*	\$165 per day for days 1-7 and \$0 per day for days 8 and beyond	\$300 per day for days 1-7 and \$0 per day for days 8 and beyond
Outpatient hospital coverage*	\$325 per service	\$400 per service
Ambulatory Surgical Center (ASC) Services*	\$325 per service	\$400 per service
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$30 per visit; \$30 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$45 per in-person visit
Preventive care	<b>IN:</b> \$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings <b>OUT:</b> \$0 per service	
Emergency care	<b>IN/OUT:</b> \$130 per visit	
Urgently needed services	<b>IN/OUT:</b> \$50 per visit	
Diagnostic services/labs*	\$5 per day per facility	\$20 per day per facility

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

## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$225 per service; Basic imaging and X-rays: \$30 per service	Advanced imaging (CT, MRI, and PET scans): \$350 per service; Basic imaging and X-rays: \$40 per service

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: \$35 per visit; \$0 for 1 routine hearing exam per year; \$0 for 1 hearing aid fitting per year	Medicare-covered \$45 per visit; 30% of the cost for 1 routine hearing exam per year; 30% of the cost for 1 hearing aid fitting per year
<p><b>IN:</b> You pay \$690 - \$1,890 copay for 2 hearing aid(s) one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.</p> <p><b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>		

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## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
Dental services <sup>3</sup>	<p>Medicare-covered: \$35 per visit;</p> <p>\$0 for 2 cleaning(s) per year; \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months.</p> <p>\$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.</p>	<p>Medicare-covered: \$45 per visit;</p> <p>30% of the cost for 2 cleaning(s) per year; 30% of the cost for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months.</p> <p>30% of the cost for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.</p>
	<p><b>IN/OUT:</b> \$4,700 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work.</p> <p><b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	

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## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$35 per visit; \$0 for 1 routine vision exam and 1 contact lens fitting exam per year;</p> <p><b>IN/OUT:</b> \$250 allowance for routine contact lenses or eyeglasses, including lens options, per year. <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	<p>Medicare-covered: \$45 per visit; 30% of the cost for 1 routine vision exam and 1 contact lens fitting exam per year;</p>

## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$165 per day for days 1-7 and \$0 per day for days 8 and beyond; Outpatient therapy: \$35 per visit, \$35 per telehealth visit	Inpatient: \$300 per day for days 1-7 and \$0 per day for days 8 and beyond; Outpatient therapy: \$45 per in-person visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$218 per day (days 21-100)	30% of the cost per stay
<b>Physical Therapy*</b>	\$35 per visit	\$45 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$400 per one-way trip	30% of the cost
<b>Transportation</b>	Not covered	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins	30% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item	30% of the cost per item

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

## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	30% of the cost per item
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service No routine chiropractic care	Medicare-covered: \$45 per service; No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$35 per visit; Routine (4 visits per year): \$35 per routine visit	Medicare-covered: \$45 per visit; Routine (4 visits per year): \$45 per routine visit

## Extra Benefits and Services

### UPMC for Life Flex Spend Card

\$90 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.  
 \$210 allowance per year to spend on dental, vision, and hearing services.  
 These allowances do not roll over from year to year

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

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

## UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
		<ul style="list-style-type: none"> <li>• <b>Over-the-counter products.</b> Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: <a href="http://upmchp.us/flex-spend-card">upmchp.us/flex-spend-card</a>.</li> <li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$4,700 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$250 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>		<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>Home Safety Products<sup>5</sup></b>		You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.
<b>Home Safety</b>		Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>		Receive 6 counseling sessions per concern per year through Resources <i>for Life</i> at no additional cost.
<b>Caregiver Support</b>		Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.

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

## UPMC for Life PPO Premier Rx

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

## Utilization Management

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

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

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

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

# Prescription Drug Costs

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

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2026, many plans have a deductible when filling prescriptions on Tier 3, Tier 4, and Tier 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

**The UPMC *for Life* PPO Premier Rx deductible for Tier 3, Tier 4, and Tier 5 is \$500.**

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply				
	Retail		Retail			Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30	
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40	
Tier 3 Preferred Brand	UPMC <i>for Life</i> PPO Premier Rx: 23%						
Tier 4 Non-Preferred	UPMC <i>for Life</i> PPO Premier Rx: 28%						
Tier 5 Specialty	UPMC <i>for Life</i> PPO Premier Rx: 27% (up to 30-day supply only)						
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105	

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

## Catastrophic coverage stage

Your total yearly drug costs will be capped at \$2,100. Once the costs paid by you and your plan reach \$2,100, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

## Pharmacy benefits

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

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

### Make sure your drugs are covered.



To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 1.



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

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

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

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

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

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

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

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

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

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

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

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## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* PPO Rx Choice (PPO)

PPD  
Summary of Benefits

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

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

HERE'S THE  
**PLAN**

H5533\_263019\_M

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

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us at [upmchealthplan.com](http://upmchealthplan.com)

### Available hours:

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

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

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

### Available hours:

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

**April 1 - July 31:** Monday through Friday from 8 a.m. to 8 p.m.

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

## Find what you need online.



Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare) where you can:

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



### UPMC Health Plan mobile app

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



### UPMC Health Plan member site

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



# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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

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

**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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

## UPMC for Life PPO Rx Choice

In-Network (IN)

Out-of-Network (OUT)

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

<b>Monthly plan premium</b>	\$25 per month; \$2 Medicare Part B premium reduction per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	<b>IN:</b> \$5,500 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This does not include costs for Part D prescription drugs. <b>COMBINED IN/OUT:</b> \$9,000 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year. This is not a deductible, and does not include costs for Part D prescription drugs.

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$275 per stay	\$350 per stay
<b>Outpatient hospital coverage*</b>	\$250 per service	\$350 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$250 per service received at a standalone ASC; \$250 per service at a hospital ASC	\$350 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$20 per visit; \$20 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$30 per in-person visit
<b>Preventive care</b>	<b>IN:</b> \$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings <b>OUT:</b> 30% of the cost per service	
<b>Emergency care</b>	<b>IN/OUT:</b> \$130 per visit	
<b>Urgently needed services</b>	<b>IN/OUT:</b> \$50 per visit	

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>Diagnostic services/labs*</b>	Labs: Freestanding lab/doctor's office: \$0 per day per facility; Outpatient hospital: \$30 per day per facility Diagnostic services: \$0 per day per facility	Labs: \$50 per day per facility Diagnostic services: \$50 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$125 per service; Basic imaging and X-rays: \$15 per service	Advanced imaging (CT, MRI, and PET scans): \$250 per service; Basic imaging and X-rays: \$20 per service

## Dental, Vision, and Hearing Coverage

<b>Hearing services<sup>2</sup></b>	Medicare-covered: \$20 per visit; \$0 for 1 routine hearing exam per year; \$0 for 1 hearing aid fitting per year	Medicare-covered \$30 per visit; 30% of the cost for 1 routine hearing exam per year; 30% of the cost for 1 hearing aid fitting per year
<p><b>IN:</b> You pay \$690 - \$1,890 copay for 2 hearing aid(s) one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.</p> <p><b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>		

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
Dental services <sup>3</sup>	<p>Medicare-covered: \$20 per visit;</p> <p>\$0 for 2 cleaning(s) per year; \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months.</p> <p>\$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.</p>	<p>Medicare-covered: \$30 per visit;</p> <p>30% of the cost for 2 cleaning(s) per year; 30% of the cost for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months.</p> <p>30% of the cost for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.</p>
	<p><b>IN/OUT:</b> \$6,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work.</p> <p><b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>Vision services<sup>4</sup></b>	<p>Medicare-covered: \$20 per visit; \$0 for 1 routine vision exam and 1 contact lens fitting exam per year;</p> <p><b>IN/OUT:</b> \$300 allowance for routine contact lenses or eyeglasses, including lens options, per year. <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>	<p>Medicare-covered: \$30 per visit; 30% of the cost for 1 routine vision exam and 1 contact lens fitting exam per year;</p>

## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$275 per stay; Outpatient therapy: \$20 per visit, \$20 per telehealth visit	Inpatient: \$350 per stay; Outpatient therapy: \$30 per in-person visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$210 per day (days 21-100)	30% of the cost per stay
<b>Physical Therapy*</b>	\$20 per visit	\$30 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$340 per one-way trip	30% of the cost
<b>Transportation</b>	Not covered	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins	30% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item	30% of the cost per item
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	30% of the cost per item

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service No routine chiropractic care	Medicare-covered: \$35 per service; No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$20 per visit; Routine (4 visits per year): \$20 per routine visit	Medicare-covered: \$30 per visit; Routine (4 visits per year): \$30 per routine visit

## Extra Benefits and Services

### UPMC for Life Flex Spend Card

\$145 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.  
\$345 allowance per year to spend on dental, vision, and hearing services.  
These allowances do not roll over from year to year

- **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). **You can use \$50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.
- **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.
- **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.
- **Over-the-counter products.** Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: [upmchp.us/flex-spend-card](http://upmchp.us/flex-spend-card).

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## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
	<ul style="list-style-type: none"> <li>• <b>Home safety products.</b> Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.</li> <li>• <b>Dental services.</b> Use your dental benefit allowance of \$6,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$300 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>	
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.	
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.	
<b>Home Safety</b>	Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.	
<b>Personal Counseling</b>	Receive 6 counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.	
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.	
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.	
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	

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

## UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
<b>24/7 Video Visits<sup>6</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit	

## Utilization Management

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

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

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

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

# Prescription Drug Costs

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

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2026, many plans have a deductible when filling prescriptions on Tier 3, Tier 4, and Tier 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

**The UPMC *for Life* PPO Rx Choice deductible for Tier 3, Tier 4, and Tier 5 is \$400.**

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply				
	Retail		Retail		Mail-Order		
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30	
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40	
Tier 3 Preferred Brand	UPMC <i>for Life</i> PPO Rx Choice: 25%						
Tier 4 Non-Preferred	UPMC <i>for Life</i> PPO Rx Choice: 37%						
Tier 5 Specialty	UPMC <i>for Life</i> PPO Rx Choice: 28% (up to 30-day supply only)						
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105	

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

## Catastrophic coverage stage

Your total yearly drug costs will be capped at \$2,100. Once the costs paid by you and your plan reach \$2,100, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

## Pharmacy benefits

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

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

### Make sure your drugs are covered.



To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 1.



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

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

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

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

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

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

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

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## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* HMO Rx Choice (HMO)

HMO  
Summary of Benefits

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

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

HERE'S THE  
**PLAN**

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

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us at [upmchealthplan.com](http://upmchealthplan.com)

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



### UPMC Health Plan mobile app

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



### UPMC Health Plan member site

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



# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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

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

**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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

## UPMC for Life HMO Rx Choice

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

<b>Monthly plan premium</b>	\$30 per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$5,000 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible and does not include costs for Part D prescription drugs.

### Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$395 per stay
<b>Outpatient hospital coverage*</b>	\$250 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$250 per service received at a standalone ASC; \$250 per service at a hospital ASC
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$35 per visit; \$35 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$130 per visit
<b>Urgently needed services</b>	\$50 per visit
<b>Diagnostic services/labs*</b>	Labs: Freestanding lab/doctor's office: \$0 per day per facility; Outpatient hospital: \$30 per day per facility Diagnostic services: \$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$220 per service; Basic imaging and X-rays: \$25 per service

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

## Dental, Vision, and Hearing Coverage

<p><b>Hearing services<sup>2</sup></b></p>	<p>Medicare-covered: \$35 per visit; \$0 for 1 routine hearing exam per year; \$0 for 1 hearing aid fitting per year You pay \$690 - \$1,890 copay for 2 hearing aid(s) one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<p><b>Dental services<sup>3</sup></b></p>	<p>Medicare-covered: \$35 per visit;  \$0 for 2 cleaning(s) per year; \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. \$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.  \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

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## UPMC for Life HMO Rx Choice

Vision services <sup>4</sup>	Medicare-covered: \$35 per visit; \$0 for 1 routine vision exam and 1 contact lens fitting exam per year; \$200 allowance for routine contact lenses or eyeglasses, including lens options, per year. <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>
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## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$395 per stay; Outpatient therapy: \$35 per visit, \$35 per telehealth visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$218 per day (days 21-100)
<b>Physical Therapy*</b>	\$35 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$270 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$35 per visit; Routine (4 visits per year): \$35 per routine visit

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### Extra Benefits and Services

#### UPMC for Life Flex Spend Card

\$150 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

\$350 allowance per year to spend on dental, vision, and hearing services.

These allowances do not roll over from year to year

- **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for your care (copays, coinsurance, and deductibles). **You can use \$50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.
- **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.
- **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.
- **Over-the-counter products.** Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: [upmchp.us/flex-spend-card](http://upmchp.us/flex-spend-card).
- **Home safety products.** Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.
- **Dental services.** Use your dental benefit allowance of \$5,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.

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## UPMC for Life HMO Rx Choice

	<ul style="list-style-type: none"><li>• <b>Vision services.</b> Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li><li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li></ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.
<b>Home Safety</b>	Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive 6 counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee</b> .
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>24/7 Video Visits<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

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## Utilization Management

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

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

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

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

## Part D deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. In 2026, many plans have a deductible when filling prescriptions on Tier 3, Tier 4, and Tier 5. For these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount.

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

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply				
	Retail		Retail			Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30	
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Tier 4 Non-Preferred	UPMC <i>for Life</i> HMO Rx Choice: 49%						
Tier 5 Specialty	UPMC <i>for Life</i> HMO Rx Choice: 31% (up to 30-day supply only)						
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105	

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

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

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# UPMC *for Life*

## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* HMO Rx (HMO)

HMO  
Summary of Benefits

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for this plan includes the following counties in Ohio: **Harrison and Jefferson**.

It also includes the following counties in Pennsylvania: **Allegheny, Armstrong, Beaver, Bradford, Butler, Cameron, Carbon, Clarion, Clearfield, Crawford, Cumberland, Dauphin, Erie, Fayette, Greene, Indiana, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Montour, Northampton, Perry, Potter, Susquehanna, Union, Venango, Warren, Washington, Wayne, Wyoming, and York.**

HERE'S THE  
**PLAN**

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UPMC *for Life*  
UPMC Health Plan Medicare Program

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



### UPMC Health Plan member site

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



# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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

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

**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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

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

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

## Basic Medical and Hospital Costs

<b>Inpatient hospital coverage*</b>	\$295 per stay
<b>Outpatient hospital coverage*</b>	\$200 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$200 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$25 per visit; \$25 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$130 per visit
<b>Urgently needed services</b>	\$50 per visit
<b>Diagnostic services/labs*</b>	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$175 per service; Basic imaging and X-rays: \$25 per service

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

## Dental, Vision, and Hearing Coverage

<p><b>Hearing services<sup>2</sup></b></p>	<p>Medicare-covered: \$25 per visit; \$0 for 1 routine hearing exam per year; \$0 for 1 hearing aid fitting per year You pay \$690 - \$1,890 copay for 2 hearing aid(s) one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<p><b>Dental services<sup>3</sup></b></p>	<p>Medicare-covered: \$25 per visit;  \$0 for 2 cleaning(s) per year; \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. \$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.  \$5,000 yearly allowance with a 30% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

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

## UPMC for Life HMO Rx

<b>Vision services<sup>4</sup></b>	Medicare-covered: \$25 per visit; \$0 for 1 routine vision exam and 1 contact lens fitting exam per year; \$225 allowance for routine contact lenses or eyeglasses, including lens options, per year. <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>
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## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$295 per stay; Outpatient therapy: \$25 per visit, \$25 per telehealth visit
<b>Skilled nursing facility*</b>	\$10 per day (days 1-20); \$218 per day (days 21-100)
<b>Physical Therapy*</b>	\$25 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$335 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$25 per visit; Routine (4 visits per year): \$25 per routine visit

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

## Extra Benefits and Services

### UPMC for Life Flex Spend Card

\$300 allowance per year to spend on medical service copays, premier fitness locations, fitness kits, over-the-counter (OTC) products, and home safety products.

\$700 allowance per year to spend on dental, vision, and hearing services.

These allowances do not roll over from year to year

- **Medical service costs.** Use your card anytime you are asked to pay out-of-pocket for you care (copays, coinsurance, and deductibles). **You can use \$50 of your allowance per transaction.** You can pay for things like doctor office visits, x-rays, physical therapy, urgent care visits, and more. The card can be used for medical services BOTH in- and out-of-network. You CANNOT use your card to pay for Part D prescription drug copays. You can use this card at any provider that accepts MASTERCARD.
- **Premier fitness locations.** Use this card to pay for membership or classes at any of our select premier fitness locations, like Orangetheory Fitness, Pure Barre, and others.
- **Fitness kits.** Use this card to buy one fitness kit per year. Choose from several fitness kit options based on your needs.
- **Over-the-counter products.** Use this card when you buy covered over-the-counter products at participating retail stores or through our mail order catalog. You can see a list of covered products or browse our mail order catalog on our website at: [upmchp.us/flex-spend-card](http://upmchp.us/flex-spend-card).
- **Home safety products.** Use this card to buy home safety products through our mail-order catalog. Products include transfer benches, shower chairs, grab bars, bed rails, quad canes, raised toilet seats, and more.
- **Dental services.** Use your dental benefit allowance of \$5,000 with 30% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.

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

## UPMC for Life HMO Rx

	<ul style="list-style-type: none"> <li>• <b>Vision services.</b> Use your vision benefit allowance of \$225 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li> <li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li> </ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.
<b>Home Safety</b>	Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive 6 counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee</b> .
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>24/7 Video Visits<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

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

## Utilization Management

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

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

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

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

# Prescription Drug Costs

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

## Part D deductible stage

Your plan does not have a deductible when you fill your prescriptions. This stage does not apply.

## Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with a coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. Once your total yearly out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage. **See the chart below for copay information and costs by plan.**

Tier	30-Day Supply		100-Day Supply			
	Retail				Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	UPMC <i>for Life</i> HMO Rx: 25%					
Tier 4 Non-Preferred	UPMC <i>for Life</i> HMO Rx: 50%					
Tier 5 Specialty	UPMC <i>for Life</i> HMO Rx: 33% (up to 30-day supply only)					
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105

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

### Catastrophic coverage stage

Your total yearly drug costs will be capped at \$2,100. Once the costs paid by you and your plan reach \$2,100, you will move into the catastrophic coverage stage. In this stage, you won't pay anything for your covered drugs. You will stay in this stage through the end of the year.

## Pharmacy benefits

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

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

### Make sure your drugs are covered.



To make sure your drugs are covered and check your costs, you can search for them at [upmchp.us/prescription-coverage](http://upmchp.us/prescription-coverage) by scanning this QR code or give us a call at the phone number on page 1.



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

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

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

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

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

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

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

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

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

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

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

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**HMO**  
**Summary of Benefits**



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# UPMC *for Life*

## 2026 Summary of Benefits

Look inside to learn more about this plan:

UPMC *for Life* HMO No Rx (HMO)

HMO  
Summary of Benefits

To join UPMC *for Life*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The service area for this plan includes the following counties in Ohio: **Harrison and Jefferson**.

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

HERE'S THE  
**PLAN**

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

# We're here to answer your questions.

## Talk to us.

**Current members** can call us at **1-877-539-3080 (TTY: 711)** or chat with us at [upmchealthplan.com](http://upmchealthplan.com)

### Available hours:

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

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

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

### Available hours:

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

**April 1 - July 31:** Monday through Friday from 8 a.m. to 8 p.m.

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

## Find what you need online.



Visit us at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare) where you can:

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



### UPMC Health Plan mobile app

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



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



# Get started with UPMC for Life.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2026 – Dec. 31, 2026. This booklet does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can review the plan Evidence of Coverage online at [www.upmchealthplan.com/medicare/shop](http://www.upmchealthplan.com/medicare/shop) or call us to have your Evidence of Coverage mailed to you.



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

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**To search for your providers in our network, visit [upmchealthplan.com/find](http://upmchealthplan.com/find).**

## Privacy Statement

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

<b>Monthly plan premium</b>	\$0 per month; \$125 Medicare Part B premium reduction per month
<b>Annual deductible</b>	No deductible
<b>Maximum out-of-pocket responsibility</b>	\$6,000 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible.

## **Basic Medical and Hospital Costs**

<b>Inpatient hospital coverage*</b>	\$495 per stay
<b>Outpatient hospital coverage*</b>	\$250 per service
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$250 per service
<b>Doctor visits (Primary Care Providers and Specialists)</b>	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$25 per visit; \$25 per telehealth visit
<b>Preventive care</b>	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
<b>Emergency care</b>	\$130 per visit
<b>Urgently needed services</b>	\$50 per visit
<b>Diagnostic services/labs*</b>	\$0 per day per facility
<b>Imaging*</b>	Advanced imaging (CT, MRI, and PET scans): \$110 per service; Basic imaging and X-rays: \$0 per service

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

## Dental, Vision, and Hearing Coverage

<p><b>Hearing services<sup>2</sup></b></p>	<p>Medicare-covered: \$25 per visit; \$0 for 1 routine hearing exam per year; \$0 for 1 hearing aid fitting per year You pay \$690 - \$1,890 copay for 2 hearing aid(s) one per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. <b>You also have additional dollars you can use to help pay for hearing aids. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>
<p><b>Dental services<sup>3</sup></b></p>	<p>Medicare-covered: \$25 per visit;  \$0 for 2 cleaning(s) per year; \$0 for oral exam. There are three types of oral exams offered under preventive dental. A limited oral evaluation is offered at a periodicity of 1 every 12 months. Routine oral exams are offered at a periodicity of 2 every benefit year. A comprehensive oral exam is offered at a periodicity of 1 every 36 months. \$0 for 1 x-ray(s) There are also two types of dental x-rays offered under preventive dental. Bitewing x-ray(s) are offered at a periodicity of 1 every 12 months. A panoramic x-ray is offered at a periodicity of 1 every 36 months.  \$3,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. <b>You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b></p>

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

## UPMC for Life HMO No Rx

<b>Vision services<sup>4</sup></b>	Medicare-covered: \$25 per visit; \$0 for 1 routine vision exam and 1 contact lens fitting exam per year; \$200 allowance for routine contact lenses or eyeglasses, including lens options, per year. <b>You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC for Life Flex Spend Card under Extra Benefits and Services for more details.</b>
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## Additional Medical Costs

<b>Mental health services*</b>	Inpatient: \$495 per stay; Outpatient therapy: \$25 per visit, \$25 per telehealth visit
<b>Skilled nursing facility*</b>	\$0 per day (days 1-20); \$80 per day (days 21-100)
<b>Physical Therapy*</b>	\$25 per visit
<b>Ambulance*</b>	\$50 for treat and no transport; \$290 per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs*</b>	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
<b>Durable medical equipment*</b>	20% of the cost per item
<b>Diabetic supplies*</b>	\$0 for preferred diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
<b>Chiropractic care*</b>	Medicare-covered: \$15 per service No routine chiropractic care
<b>Podiatry services</b>	Medicare-covered: \$25 per visit; Routine (4 visits per year): \$25 per routine visit

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

## Extra Benefits and Services

### UPMC for Life Flex Spend Card

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

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

These allowances do not roll over from year to year

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

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## UPMC for Life HMO No Rx

	<ul style="list-style-type: none"><li>• <b>Vision services.</b> Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.</li><li>• <b>Hearing aids.</b> Use this card to help pay the copay for hearing aids. See your Amplifon provider for hearing aids and then use this card to help pay your out-of-pocket costs.</li></ul>
<b>SilverSneakers®</b>	<b>FREE unlimited gym memberships</b> and one <b>FREE</b> personal training session each year at participating fitness facilities.
<b>Home Safety Products<sup>5</sup></b>	You have an allowance you can use to help pay for home safety products. See the <b>UPMC for Life</b> Flex Spend Card above for more details.
<b>Home Safety</b>	Get one <b>FREE in-home safety assessment</b> per year with a licensed health care professional.
<b>Personal Counseling</b>	Receive 6 counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
<b>Caregiver Support</b>	Powerful Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress.
<b>Meals</b>	Members with congestive heart failure (CHF), diabetes, and chronic obstructive pulmonary disease (COPD) qualify for post hospital discharge meals. Members can receive 56 meals, 2 meals per day for 28 days.
<b>Travel Concierge<sup>6</sup></b>	You have in-network cost sharing when seeing any provider that accepts Medicare in <b>Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee</b> .
<b>Travel Assistance</b>	Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.
<b>24/7 Video Visits<sup>7</sup> (virtual visit with a UPMC provider)</b>	\$0 per eVisit

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

## Utilization Management

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

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

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

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

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

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

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

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

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

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

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

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

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

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# 2026 Prescription Drug Coverage Changes

Here are the Part D prescription drug coverage stages for 2026. Your out-of-pocket drug costs (copays, coinsurance, and deductibles) change as you move through these stages. Your costs can also depend on your specific UPMC for Life plan, the pharmacy you use, and the tier of your drug. Learn more about each coverage stage, what's changing, and UPMC for Life prescription drug costs below.



## Stage 1: Deductible stage

Your plan does not have a deductible when you fill Tier 1 and 2 prescriptions. Many plans have a deductible when filling prescriptions on Tiers 3, 4, and 5. For drugs on these tiers, you pay the full cost of each prescription until you reach your plan's deductible amount. See the chart below for the UPMC for Life plans that will have a Part D annual deductible for Tiers 3, 4, and 5 combined.

Plan Name	Tiers 3, 4, and 5
PPO Essential Care Rx (PPO)	\$500
PPO Premier Rx (PPO)	\$500
PPO Rx Choice (PPO)	\$400
HMO Premier Rx (HMO)	\$350
HMO Rx Choice (HMO)	\$175
HMO Rx (HMO)	No deductible



## Stage 2: Initial coverage stage

Your plan pays for its share of your covered prescriptions during this stage. You will pay a copay or coinsurance, depending on your medication's drug tier. For drugs on tiers with coinsurance, your share of the cost may change throughout the year depending on the drug and where you fill your prescription. **Once your yearly total out-of-pocket drug costs reach \$2,100, you will move to the catastrophic coverage stage.**

All plans have **\$0 copays for Tier 1 and 2 prescriptions in the initial coverage stage when filled at a preferred retail or mail-order pharmacy. For plans with a deductible, the deductible does not apply to Tier 1, Tier 2, and covered insulins.**

Tier	30-day supply		100-day supply			
	Retail		Retail		Mail order	
	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
<b>Tier 1</b> Preferred Generic Copay	\$0	\$15	\$0	\$30	\$0	\$30
<b>Tier 2</b> Generic Copay	\$0	\$20	\$0	\$40	\$0	\$40
<b>Covered Insulin Copay</b>	\$35	\$35	\$96.25	\$105	\$87.50	\$105
<b>Tier 3</b> Preferred Brand Coinsurance	PPO Premier Rx Western PA <sup>1</sup> : 23% PPO Essential Care Rx, PPO Premier Rx Central PA <sup>2</sup> , HMO Premier Rx: 24% PPO Rx Choice, HMO Rx Choice, HMO Rx: 25%					
<b>Tier 4</b> Non-Preferred Coinsurance	PPO Premier Rx Western PA <sup>1</sup> : 28% PPO Essential Care Rx: 29% PPO Premier Rx Central PA <sup>2</sup> : 30% HMO Premier Rx: 31%			PPO Rx Choice: 37% HMO Rx Choice: 49% HMO Rx: 50%		
<b>Tier 5</b> Specialty Coinsurance (Up to 30-day supply)	PPO Premier Rx, PPO Essential Care Rx: 27% PPO Rx Choice: 28% HMO Premier Rx: 29% HMO Rx Choice: 31% HMO Rx: 33%					

<sup>1</sup>Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Carbon, Clarion, Clearfield, Crawford, Erie, Fayette, Greene, Huntingdon, Indiana, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, and Westmoreland counties

<sup>2</sup>Cumberland, Dauphin, Lancaster, Lebanon, Lycoming, Montour, Perry, Potter, and Union counties



## Stage 3: Catastrophic coverage stage

**Your total yearly drug costs will be capped at \$2,100.** Once your yearly total out-of-pocket drug costs reach \$2,100, you will not pay anything for your drugs. You will stay in this stage through the end of the year.

For more information about your prescription drug costs and to see your plan's formulary, scan this code:



## UPMC for Life prescription drug transition process

If you're new to UPMC for Life, you may be taking medications that are not on our formulary, or you may be taking a medication that is on our formulary but your ability to get it is limited. During your first 90 days as a member of our plan, we may cover a limited amount of your current medication therapy. This gives you a chance to talk to your doctor and determine the right course of action for you. For more information, go to [upmchp.us/transition-policy](http://upmchp.us/transition-policy).

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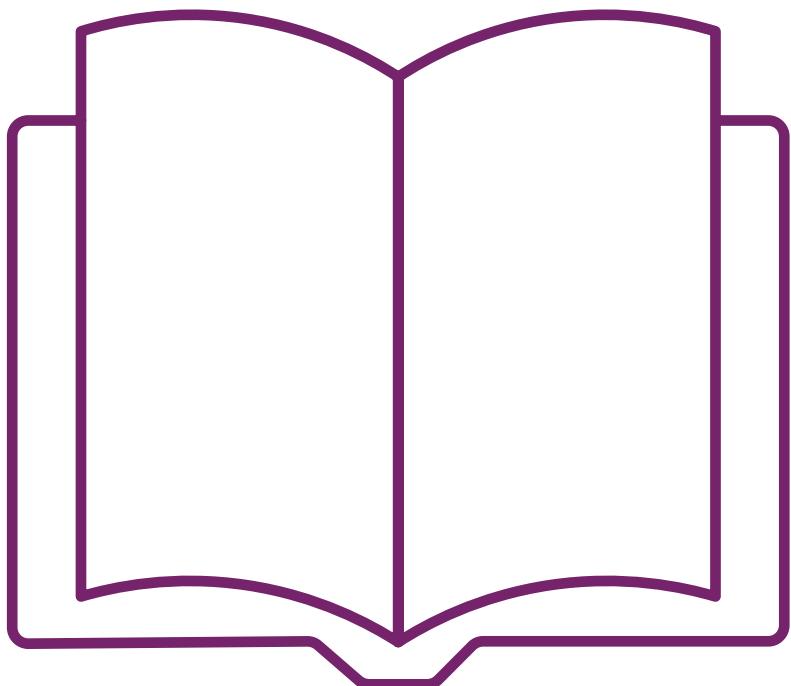
**UPMC HEALTH PLAN**

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





# ADDITIONAL INFORMATION





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2025\_ADDINFODVPG\_24MCID1971\_ADDITIONAL INFO (MS) 7/26/24

# Pre-Enrollment Checklist

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

## Understanding the benefits

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

## Understanding important rules

- If you're enrolling in an HMO or PPO plan:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- 
- Benefits, premiums, and/or copayments/coinsurance may change on Jan. 1, 2027.
- 
- If you're enrolling in an HMO plan:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who aren't listed in the provider directory).
- 
- Effect on current coverage:** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you can't use.

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

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

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

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

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**UPMC HEALTH PLAN**

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



## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



UPMC for Life - H5533

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

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

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

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

The number of stars show how well a plan performs.

Star Ratings are based on factors that include:

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

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★★☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★★☆☆☆ POOR

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

#### Get More Information on Star Ratings Online

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

#### Questions about this plan?

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

Additional  
Information



H5533\_251314\_M

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2025\_PPOPLNRTG\_24MCID0476 (MS) 10/16/24



## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



UPMC for Life - H3907

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

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

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

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★★☆ AVERAGE

★★★★☆ BELOW AVERAGE

★★★★☆ POOR

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

#### Get More Information on Star Ratings Online

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

#### Questions about this plan?

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

Additional  
Information



H3907\_251313\_M

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# Medicare Prescription Payment Plan

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

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

## How does it work?

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

## How are monthly bills calculated?

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

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

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The Medicare drug coverage annual out-of-pocket maximum (\$2,100 in 2026).

The prescription drug law caps your out-of-pocket drug costs at \$2,100 in 2026. This is true for everyone with Medicare drug coverage, even if you don't participate in the Medicare Prescription Payment Plan.

## Will this help me?

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

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

## How do I sign up?

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

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

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

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

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

## Need this information in another format or language?

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

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

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

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**UPMC HEALTH PLAN**

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



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

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

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

- UPMC for Life PPO Rx Choice (PPO)
- UPMC for Life Complete Care (HMO D-SNP)

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

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

- **1-800-MEDICARE** or TTY users call **1-877-486-2048** (24 hours a day/7 days a week),
- Your state Medicaid office, or
- The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778**. Between 8 a.m. and 7 p.m. Monday through Friday.

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



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



## Translation Services

**ATTENTION:** If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-877-539-3080 (TTY: 711)** or speak to your provider.

### Spanish

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-539-3080 (TTY: 711) o hable con su proveedor.

### Chinese; Mandarin

**注意:** 如果您说中文, 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 **1-877-539-3080** (文本电话: 711) 或咨询您的服务提供商。

### Nepali

सावधान: यदि तिपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागनिःशुल्क भाषकि सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पननिःशुल्क उपलब्ध छन्। 1-877-539-3080 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसंग कुरा गर्नुहोस्।

### Russian

**ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-539-3080 (TTY: 711) или обратитесь к своему поставщику услуг.

### Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات.”. بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-877-539-3080 (711) أو تحدث إلى مقدم الخدمة.

### Vietnamese

**LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-539-3080 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

### Ukrainian

**УВАГА:** Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-539-3080 (TTY: 711) або зверніться до свого постачальника».

## **Somali**

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo maclumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-539-3080 (TTY: 711) ama la hadal bixiyahaaga.

## **French**

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.appelez le 1-877-539-3080 (TTY : 711) ou parlez à votre fournisseur.

## **Korean**

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-539-3080 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

## **Pennsylvania Dutch**

ACHTUNG: Wann du Pennsylvanisch Deitsch schwetscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf 1-877-539-3080 (TTY: 711) oder schwetz mit dein Anbieter.

## **German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-539-3080 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

## **Igbo**

NLEBARA ANYA : Ọ bụrụ na ị na-asụ asusụ Igbo, enwere ọrụ enyemaka asusụ n'efu maka gi. A na-enyekwa ihe enyemaka na ọrụ ndị kwesịri ekwesi iji nye ihe ọmụma n'ụdị ndị dị mfe inweta n'efu. Kpọ 1-877-539-3080 (TTY: 711) ma ọ bụ gwa ndị na-ahụ maka ahụike gi okwu.

## **Hindi**

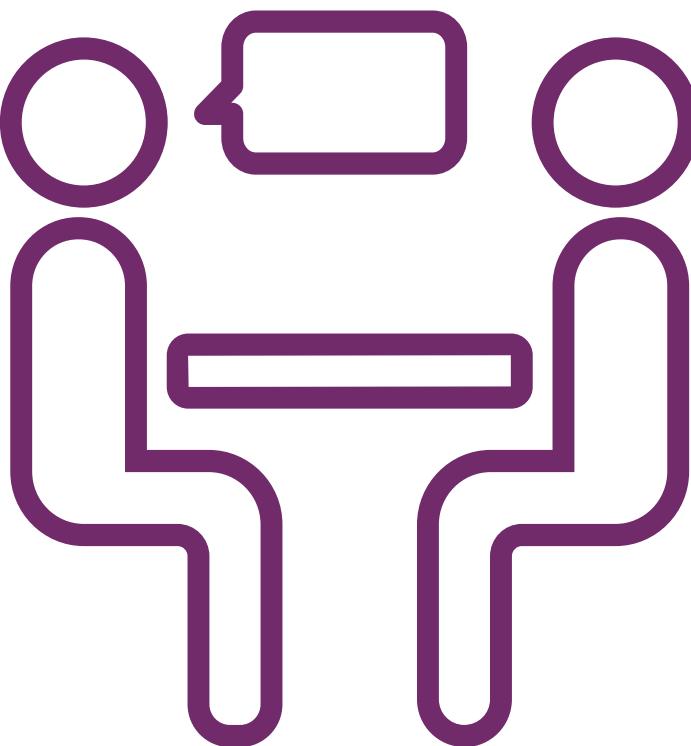
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-539-3080 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

## **Italian**

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-877-539-3080 (TTY: 711) o parla con il tuo fornitore.

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# ENROLLMENT





# Three easy ways to enroll



## Phone

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

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

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

**April 1 - July 31** Monday through Friday from 8 a.m. to 8 p.m.

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



## Online

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



## Mail or fax

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

**Mail: UPMC for Life**

**PO Box 2967**

**Pittsburgh, PA 15230**

**Fax: 412-454-7766**

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



# What happens after you enroll?



## Confirmation letter

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



## Welcome kit

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



## MyHealth Questionnaire

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



## Member ID card

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



## Go paperless

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



## Getting plan materials online lets you:

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

## Who can use this form?

People with Medicare who want to join a Medicare Advantage or Medicare Prescription Drug Plan

### To join a plan, you must:

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

**Important:** To join a Medicare Prescription Drug Plan, you must also have either or both:

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

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

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

## When do I use this form?

You can join a plan:

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

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

## What do I need to complete this form?

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

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

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

## Reminders:

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

## What happens next?

Send your completed and signed form to:  
**UPMC for Life**  
PO Box 2967  
Pittsburgh, PA 15230

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

## How do I get help with this form?

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

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

## Individuals experiencing homelessness

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

Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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



# UPMC for Life

UPMC Health Plan Medicare Program

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

Select the plan you want to join:

- \$0 - HMO No Rx (HMO) (**Does not** include Part D prescription drug coverage)
- \$0 - PPO Essential Care Rx (PPO)
- \$0 - HMO Premier Rx (HMO)
- \$0 - PPO Premier Rx (PPO)
- \$25 - PPO Rx Choice (PPO)
- \$30 - HMO Rx Choice (HMO)
- \$90 - HMO Rx (HMO)

FIRST Name:	LAST Name:	Middle Initial (optional):
-------------	------------	----------------------------

Birth Date: (__ / __ / ____) (MM/DD/YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: (      )
---	---	---------------------------

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

Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.

City:	County (optional):	State:	ZIP Code:
-------	--------------------	--------	-----------

**Mailing address**, if different from your permanent address (PO Box allowed):

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

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

## Answer these important questions:

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

Yes       No

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

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

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

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

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

TEAR HERE

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<b>Section 2—All fields on this page are optional</b>
---

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
---

Select one if you want us to send you information in an accessible format.
--

<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD
--

Please contact UPMC <i>for Life</i> at <b>1-844-361-1663</b> if you need information in an accessible format other than what's listed above. Our office hours are Oct. 1 through March 31 seven days a week from 8 a.m. to 8 p.m., April 1 through July 31 Monday through Friday from 8 a.m. to 8 p.m., and Aug. 1 through Sept. 30 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m. TTY users can call <b>711</b> .
--

Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

List your Primary Care Physician (PCP), clinic, or health center:
---

Practice name: _____ Practice number: _____
---

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

I want to get the following materials via email. Select one or more.
--

<input type="checkbox"/> <b>Benefit &amp; Plan Documents:</b> Includes your plan updates, benefit information, and regulatory notices
<input type="checkbox"/> <b>Explanation of Benefits and quarterly statements</b>
<input type="checkbox"/> <b>Health &amp; Wellness:</b> Includes communications about your care, member events, member surveys, and health and wellness
<input type="checkbox"/> <b>Promotions &amp; Incentives:</b> Includes messages about promotions, plan incentives, and other marketing

Email address: _____ Cell phone number: ( _____ ) _____
---

By making the selections above, you authorize UPMC Health Plan to contact you regarding your care, member events, plan information, member surveys, other insurance products, and general marketing materials about UPMC Health Plan and its affiliates. Based on your selections, UPMC Health Plan will deliver these messages by email, text messages (including messages by an automatic telephone dialing system), phone calls, and prerecorded phone calls. Standard message and data rates apply. You can opt out at any time.
--

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### Paying your plan premiums

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

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

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

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

I get monthly benefits from:  Social Security     RRB

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

### PRIVACY ACT STATEMENT

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

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### Attestation of Eligibility for an Enrollment Period

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

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

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

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

TEAR HERE

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Enrollment



**IMPORTANT: Read and sign below:**

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

**Signature:****Today's date:** \_\_\_ / \_\_\_ / \_\_\_**If you're the authorized representative, sign above and fill out these fields:**

Name:	Phone Number:		
Address:	City:	State:	Zip:

Relationship to Enrollee:

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

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

Name:	Relationship to Enrollee:
Signature:	National Producer Number (Agents/Broker only):

**OFFICE USE ONLY**

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

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

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

Broker Received Date and Notes: ___ / ___ / ___	Agent/Broker Code:
---	--------------------

Application:  Mailed  Faxed

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## Three easy ways to enroll



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**Pittsburgh, PA 15230**

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

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You can join a plan:

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- Within 3 months of first getting Medicare.
- In certain situations where you're allowed to join or switch plans.

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

## What do I need to complete this form?

- Your Medicare number (the number on your red, white, and blue Medicare card)
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**Note:** You must complete all items in Section 1 and sign the last page of the application. The items in Section 2 are optional. You can't be denied coverage because you don't fill them out.

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# UPMC for Life

UPMC Health Plan Medicare Program

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

Select the plan you want to join:

- \$0 - HMO No Rx (HMO) (**Does not** include Part D prescription drug coverage)
- \$0 - PPO Essential Care Rx (PPO)
- \$0 - HMO Premier Rx (HMO)
- \$0 - PPO Premier Rx (PPO)
- \$25 - PPO Rx Choice (PPO)
- \$30 - HMO Rx Choice (HMO)
- \$90 - HMO Rx (HMO)

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

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

Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.

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

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

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

## Answer these important questions:

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

- Yes
- No

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

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

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

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

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

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Enrollment



<b>Section 2—All fields on this page are optional</b>
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Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
---

Select one if you want us to send you information in an accessible format.
--

<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD
--

Please contact UPMC <i>for Life</i> at <b>1-844-361-1663</b> if you need information in an accessible format other than what's listed above. Our office hours are Oct. 1 through March 31 seven days a week from 8 a.m. to 8 p.m., April 1 through July 31 Monday through Friday from 8 a.m. to 8 p.m., and Aug. 1 through Sept. 30 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m. TTY users can call <b>711</b> .
--

Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

List your Primary Care Physician (PCP), clinic, or health center:
---

Practice name: _____ Practice number: _____
---

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

I want to get the following materials via email. Select one or more.
--

<input type="checkbox"/> <b>Benefit &amp; Plan Documents:</b> Includes your plan updates, benefit information, and regulatory notices
<input type="checkbox"/> <b>Explanation of Benefits and quarterly statements</b>
<input type="checkbox"/> <b>Health &amp; Wellness:</b> Includes communications about your care, member events, member surveys, and health and wellness
<input type="checkbox"/> <b>Promotions &amp; Incentives:</b> Includes messages about promotions, plan incentives, and other marketing

Email address: _____ Cell phone number: ( _____ ) _____
---

By making the selections above, you authorize UPMC Health Plan to contact you regarding your care, member events, plan information, member surveys, other insurance products, and general marketing materials about UPMC Health Plan and its affiliates. Based on your selections, UPMC Health Plan will deliver these messages by email, text messages (including messages by an automatic telephone dialing system), phone calls, and prerecorded phone calls. Standard message and data rates apply. You can opt out at any time.
--

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### Paying your plan premiums

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

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

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

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

I get monthly benefits from:  Social Security     RRB

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

### PRIVACY ACT STATEMENT

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

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Enrollment



### Attestation of Eligibility for an Enrollment Period

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

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

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

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

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**IMPORTANT: Read and sign below:**

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

**Signature:****Today's date:** \_\_\_ / \_\_\_ / \_\_\_**If you're the authorized representative, sign above and fill out these fields:**

Name:	Phone Number:		
Address:	City:	State:	Zip:

Relationship to Enrollee:

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

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

Name:	Relationship to Enrollee:
Signature:	National Producer Number (Agents/Broker only):

**OFFICE USE ONLY**

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

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

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

Broker Received Date and Notes: ___ / ___ / ___	Agent/Broker Code:
---	--------------------

Application:  Mailed  Faxed

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## Scope of Sales Appointment Confirmation Form

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

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

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

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

*SOA documentation is subject to CMS record retention requirements.*



## Medicare Advantage plans

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

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

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

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

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

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<b>Beneficiary or authorized representative signature and signature date:</b>	
Signature:	Signature date:
<b>If you are the beneficiary's authorized representative, please sign above and print below:</b>	
Representative's name:	Your relationship to the beneficiary:
<b>To be completed by agent:</b>	
Agent name:	Agent phone:
Beneficiary's name:	
Beneficiary's phone number:	
Beneficiary's address:	
Date of appointment:	
If the form was signed by the beneficiary at the time of the appointment, provide an explanation below as to why the Scope of Appointment (SOA) was not documented prior:	
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To find out more about UPMC *for Life*, call toll-free:

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

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

**April 1 - July 31** Monday through Friday from 8 a.m. to 8 p.m.

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

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

or scan this code to get started:



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**UPMC HEALTH PLAN**

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

