

2024 Plan Compare Guide

Allegheny County

UPMC *for Life* offers you affordable plans and extra benefits! Use this guide to compare your options and find the best plan for you.



Have questions? We're here for you!

Work with a UPMC *for Life* Medicare Advisor to get the answers and information you need. Call us toll-free at **1-877-381-3765*** (TTY: 711).*

You can also visit us online to compare our plans, learn more about our extra benefits, and chat with a Medicare Advisor. Go to upmchp.us/medicareplans or scan this code with your smartphone:



**HERE'S THE
PLAN**

UPMC *for Life*
UPMC Health Plan Medicare Program

Save money on your prescriptions

UPMC for Life covers thousands of brand-name and generic medications. We offer you ways to save money and convenience in getting your prescriptions.

- **Now you have a \$0 copay for Tier 1 and Tier 2 prescriptions at preferred pharmacies during the initial coverage stage.**
- Plus, you still have coverage for insulin medication through the “donut hole.” Your copays for covered insulins are the same in the initial coverage and coverage gap donut hole stages.
- With 65,000 participating pharmacies, delivery service, and mail order, it’s easier than ever to fill prescriptions.

Check to see if your drugs are covered and learn about our prescription coverage at upmchp.us/prescription-coverage or by scanning this QR code with your smartphone:



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 copay	\$15 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Tier 2 Generic	\$0 copay	\$20 copay	\$0 copay	\$40 copay	\$0 copay	\$40 copay
Tier 3 Preferred Brand	\$47 copay	\$47 copay	\$129.50 copay	\$141 copay	\$117.50 copay	\$141 copay
Tier 4 Non-Preferred	\$100 copay	\$100 copay	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Tier 5 Specialty	33% Coinsurance	33% Coinsurance	Not offered	Not offered	33% coinsurance (limited to a 30-day supply)	33% coinsurance (limited to a 30-day supply)

The copays in the above chart apply only during the initial coverage stage.

UPMC *for Life* Partners in Care

UPMC *for Life* works with your doctors and hospitals to help you access high-quality care and get the most value possible from your coverage. Your health is at the center of everything we do.



Access to the doctors and hospitals you know and trust

You get high-quality care from UPMC and access to thousands of community providers across PA and out of state. You pay the lowest cost for your care when you see any in-network provider (no referrals needed).



Out-of-network care with PPO plans

With a PPO plan you can see providers in- and out-of-network, without a referral. You can see any provider that accepts Medicare in the U.S. With the UPMC *for Life* PPO Premier Rx and UPMC *for Life* PPO Rx Choice plans, you pay our lowest costs for out-of-network care.



Get the care you need when traveling

Travel Concierge Program. HMO members pay the same cost sharing as you would at home when getting care in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee (your provider must accept Medicare).

Travel assistance. All members get 24/7 worldwide emergency assistance when you travel 100+ miles from home—even to another country.



Dental, vision, and hearing providers

Dental and vision. Use participating providers to get routine care and get the most from your benefits allowance.

Hearing. Use an Amplifon hearing provider to get a great discount on hearing aids.

Flex Spend Card. You can use the UPMC *for Life* Flex Spend Card to see nonparticipating dental, vision, and hearing providers, but you will pay the full cost. Make sure the provider you choose accepts Mastercard.



Check your doctors. You can search for participating providers on our website at upmchealthplan.com/find or scan this code with your smartphone:



Benefit	UPMC for Life PPO Premier Rx (PPO)
Plan premium	\$0 per month; \$2 Medicare Part B premium reduction per month
Prescription drug coverage	Yes, UPMC for Life Premier Rx Formulary
Primary care provider (PCP) (in-office and telehealth)	IN: \$0 per visit OUT: \$0 per visit (telehealth not covered)
Specialist (in-office and telehealth)	IN: \$35 per visit OUT: \$45 per visit (telehealth not covered)
Inpatient hospital and inpatient mental health	IN: \$165 per day (days 1-5); \$0 per day (days 6 and beyond) OUT: \$300 per day (days 1-5); \$0 per day (days 6 and beyond)
Outpatient surgery	IN: \$295 per surgery OUT: \$375 per surgery
Skilled nursing facility	IN: \$0 per day (days 1-20); \$196 per day (days 21-100) OUT: 30% of the cost
Emergency care	IN/OUT: \$90 per visit
Urgent care	IN/OUT: \$45 per visit
Physical therapy	IN: \$25 per visit OUT: \$45 per visit
Lab services	IN: \$5 per day per facility OUT: \$20 per day per facility
X-rays	IN: \$30 per service OUT: \$40 per service
Advanced imaging (CT, MRI, and PET scans)	IN: \$225 per service OUT: \$350 per service
Durable medical equipment	IN: 20% of the cost OUT: 30% of the cost
Diabetes supplies	IN: \$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization); OUT: 30% of the cost
Annual deductible	No deductible
Maximum out-of-pocket —Your out-of-pocket spending limit for the year—this is not a deductible	IN: \$6,500 for Medicare-covered services, including copays and coinsurance IN/OUT: \$10,000 for Medicare-covered services, including copays and coinsurance
Dental	IN: \$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; OUT: 30% of the cost; IN/OUT: \$4,000 maximum dental allowance with 50% coinsurance per year
Vision	IN: \$0 for one routine vision exam and one contact lens fitting exam per year; OUT: 30% of the cost; IN/OUT: \$225 allowance for eyeglasses or contact lenses per year
Hearing	IN: \$0 for one routine hearing exam and one hearing aid fitting per year; OUT: \$45 for one routine hearing exam per year; \$45 for one hearing aid fitting per year; IN: You pay \$690-\$1,890 for one hearing aid per ear per year.
UPMC for Life Flex Spend Card	\$300 allowance per year to buy over-the-counter products and pay for dental, vision, and hearing services. NEW! This card now covers medical services costs too (with a \$50 transaction limit). This allowance does not roll over from year to year.

UPMC for Life HMO Premier Rx (HMO)	UPMC for Life PPO Rx Choice (PPO)
\$0 per month	\$19 per month; \$2 Medicare Part B premium reduction per month
Yes, UPMC for Life Premier Rx Formulary	Yes, UPMC for Life Advantage Rx Formulary
\$0 per visit	IN: \$0 per visit; OUT: \$0 per visit (telehealth not covered)
\$30 per visit	IN: \$10 per visit; OUT: \$20 per visit (telehealth not covered)
\$165 per day (days 1-5); \$0 per day (days 6 and beyond)	IN: \$225 per stay OUT: \$325 per stay
\$325 per surgery	IN: \$175 per surgery; OUT: \$275 per surgery
\$0 per day (days 1-20); \$196 per day (days 21-100)	IN: \$0 per day (days 1-20); \$196 per day (days 21-100) OUT: 30% of the cost
\$90 per visit	IN/OUT: \$90 per visit
\$45 per visit	IN/OUT: \$45 per visit
\$20 per visit	IN: \$5 per visit; OUT: \$20 per visit
\$0 per day per facility	IN: \$0 per day per facility OUT: \$5 per day per facility
\$20 per service	IN: \$15 per visit; OUT: \$20 per visit
\$225 per service	IN: \$150 per service; OUT: \$250 per service
20% of the cost	IN: 20% of the cost; OUT: 30% of the cost
\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)	IN: \$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization); OUT: 30% of the cost
No deductible	No deductible
\$5,500 for Medicare-covered services, including copays and coinsurance	IN: \$5,500 for Medicare-covered services, including copays and coinsurance; IN/OUT: \$9,550 for Medicare-covered services, including copays and coinsurance
\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$4,000 maximum dental allowance with 50% coinsurance per year	IN: \$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; OUT: 30% of the cost; IN/OUT: \$6,000 maximum dental allowance with 50% coinsurance per year
\$0 for one routine vision exam and contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year	IN: \$0 for one routine vision exam and contact lens fitting exam per year; OUT: 30% of the cost; IN/OUT: \$300 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.	IN: \$0 for one routine hearing exam and one hearing aid fitting per year; OUT: \$20 for one routine hearing exam per year; \$20 for one hearing aid fitting per year; IN: You pay \$690-\$1,890 for one hearing aid per ear per year.
\$500 allowance per year to buy over-the-counter products and pay for dental, vision, and hearing services. NEW! This card now covers medical services costs too (with a \$50 transaction limit). This allowance does not roll over from year to year.	\$750 allowance per year to buy over-the-counter products and pay for dental, vision, and hearing services. NEW! This card now covers medical services costs too (with a \$50 transaction limit). This allowance does not roll over from year to year.

UPMC for Life HMO Rx Choice (HMO)	UPMC for Life HMO Rx (HMO)
\$36 per month	\$81 per month; \$2 Medicare Part B premium reduction per month
Yes, UPMC for Life Advantage Rx Formulary	Yes, UPMC for Life Advantage Rx Formulary
\$0 per visit	\$0 per visit
\$35 per visit	\$25 per visit
\$395 per stay	\$295 per stay
\$250 per surgery	\$200 per surgery
\$0 per day (days 1-20); \$196 per day (days 21-100)	\$0 per day (days 1-20); \$100 per day (days 21-100)
\$90 per visit	\$90 per visit
\$45 per visit	\$45 per visit
\$35 per visit	\$15 per visit
\$5 per day per facility	\$0 per day per facility
\$25 per service	\$25 per service
\$220 per service	\$200 per service
20% of the cost	20% of the cost
\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)
No deductible	No deductible
\$4,500 for Medicare-covered services, including copays and coinsurance	\$4,500 for Medicare-covered services, including copays and coinsurance
\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$5,000 maximum dental allowance with 50% coinsurance per year	\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$5,000 maximum dental allowance with 50% coinsurance per year
\$0 for one routine vision exam and one contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year	\$0 for one routine vision exam and one contact lens fitting exam per year; \$225 allowance for eyeglasses or contact lenses per year
\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690-\$1,890 for one hearing aid per ear per year.	\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690-\$1,890 for one hearing aid per ear per year.
\$500 allowance per year to buy over-the-counter products and pay for dental, vision, and hearing services. NEW! This card now covers medical services costs too (with a \$50 transaction limit). This allowance does not roll over from year to year.	\$1,000 allowance per year to buy over-the-counter products and pay for dental, vision, and hearing services. NEW! This card now covers medical services costs too (with a \$50 transaction limit). This allowance does not roll over from year to year.

UPMC for Life HMO No Rx (HMO)
\$0 per month; \$39 Medicare Part B premium reduction per month
No prescription drug coverage
\$0 per visit
\$45 per visit
\$300 per stay
\$225 per surgery
\$0 per day (days 1-20); \$80 per day (21-100)
\$90 per visit
\$45 per visit
\$40 per visit
\$5 per day per facility
\$30 per service
\$110 per service
20% of the cost
\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies (with prior authorization)
No deductible
\$5,000 for Medicare-covered services, including copays and coinsurance
\$0 for two routine oral exams and cleanings per year; \$0 for one bitewing x-ray per year; \$0 for one panoramic x-ray every 36 months; \$3,000 maximum dental allowance with 50% coinsurance per year
\$0 for one routine vision exam and one contact lens fitting exam per year; \$200 allowance for eyeglasses or contact lenses per year
\$0 for one routine hearing exam and one hearing aid fitting per year. You pay \$690-\$1,890 for one hearing aid per ear per year.
\$250 allowance per year to buy over-the-counter products and pay for dental, vision, and hearing services. NEW! This card now covers medical services costs too (with a \$50 transaction limit). This allowance does not roll over from year to year.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO SNP, and PPO plans. The HMO 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., 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 - Dec. 31** seven days a week from 7 a.m. to 9 p.m. and **Jan. 1 - Sept. 30** seven days a week from 8 a.m. to 8 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 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 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

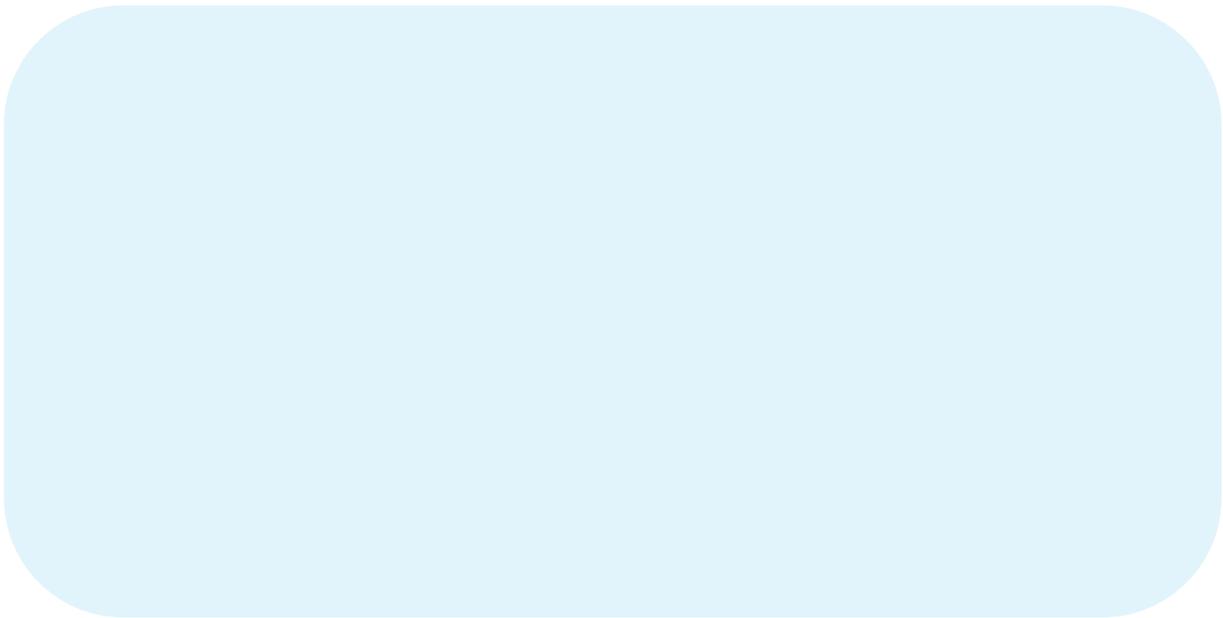
Your 2024 Enrollment Kit

Allegheny



**HERE'S THE
PLAN**

UPMC *for Life*
UPMC Health Plan Medicare Program



Have questions? **Ready** to enroll?



Call us.

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

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

Jan. 1 - Sept. 30 seven days a week from 8 a.m. to 8 p.m.

Oct. 1 - Dec. 31 seven days a week from 7 a.m. to 9 p.m.



Visit a **UPMC Health Plan Connect Center** near you.

We have locations across Pennsylvania. Just drop in—no need for an appointment. Go to **upmchp.us/connect-centers** to see locations.



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

What's in your enrollment kit

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



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



Find a doctor—Learn about the broad network of doctors and hospitals that participate in our plan and how to find a doctor online.



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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Dear Medicare Beneficiary:

UPMC for Life is your Partner in Care. UPMC *for Life* works together with your doctors and hospitals to make sure you're getting access to high-quality care and value from your coverage. We are a team, and your health is at the center of everything we do. That's why we've designed plans with you in mind. Our affordable coverage includes the benefits and programs that are important to you, with a Health Care Concierge team that is ready to support you whenever you need it.

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 and answer your questions. We can make it easy to compare plans, estimate costs, and find your doctors.

Here are some easy ways to learn more and enroll:



Call us toll-free at 1-877-381-3765* (TTY: 711).*

Review your plan options with a Medicare Advisor over the phone or meet with us in person at the time and location of your choosing.



Visit our website at upmchp.us/medicareplans or scan this QR code.

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



Find an upcoming meeting at upmchp.us/medicaremeetings or scan this QR code.

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



We look forward to helping you find the plan that's right for you!

Sincerely,

A handwritten signature in black ink, appearing to read 'Angela Perri'.

Angela Perri
Chief Medicare Officer
UPMC Health Plan, Insurance Services Division

For accommodations of persons with special needs at meetings, call **1-877-381-3765*** (TTY: 711)* seven days a week from 8 a.m. to 8 p.m.

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

- **Jan. 1 - Sept. 30** seven days a week from 8 a.m. to 8 p.m.
- **Oct. 1 - Dec. 31** seven days a week from 7 a.m. to 9 p.m.

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



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2023_SLFINTENRLCVLTR_22MCID0416 (MS) 8/9/22

Doctors and hospitals you know and trust

It's important to have access to the doctors and hospitals you use for care. That's why UPMC *for Life* is proud to partner with so many high-quality health care providers! You can see any in-network provider without a referral.



48,000 doctors
and specialists



250 hospitals and
facilities



300 urgent care
centers



Coverage in your community
and across the state

With UPMC *for Life*, you have access to all the doctors and hospitals of UPMC! Plus, you can see additional hospitals and health care providers across Pennsylvania and out of state.

Here are just some of the providers near you:

- ACMH Hospital
- Cleveland Clinic
- Conemaugh Health System
- Heritage Valley Health System
- Independence Health System (former Butler Health System and Excelsa Health)
- Indiana Regional Medical Center
- Jefferson Hospital
- Penn Highlands Healthcare
- Punxsutawney Area Hospital
- St. Clair Hospital
- Washington Health System
- Uniontown Hospital
- Many Allegheny Health Network (AHN) doctors

Searching for your doctors is easy!



Go online.

To search for a doctor, hospital, pharmacy, or other health care provider, go to upmchealthplan.com/find or scan the QR code. Click on the **I'm Just Browsing** tab and fill out the dropdowns to find what you're looking for.



Call us.

We can help you find what you're looking for over the phone. Call us toll-free at **1-877-381-3765 (TTY: 711)**:

Jan. 1 - Sept. 30 seven days a week from 8 a.m. to 8 p.m.

Oct. 1 - Dec. 31 seven days a week from 7 a.m. to 9 p.m.

You're covered even when traveling!



Emergency and urgent care

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



Travel Concierge Program

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



Global emergency medical assistance when you travel

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

Other providers are available in our network. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., and UPMC Health Coverage Inc.



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Drug List



2024 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. For a complete drug list:



CALL

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

Jan. 1 – Sept. 30 seven days a week from 8 a.m. to 8 p.m.

Oct. 1 – Dec. 31 seven days a week from 7 a.m. to 9 p.m.



CLICK

Search for your medications using our prescription drug tool at upmchp.us/prescription-coverage.

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

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

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

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

All other plans (Advantage Rx): The **unshaded column lists** the tier for these UPMC *for Life* plans:

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

What you should know about your Part D prescription drug coverage

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

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

Part D penalty (late enrollment penalty): You may have an amount added to your Part D monthly premium if you go without creditable prescription drug coverage for 63 days or more after your Initial Enrollment Period is over.

Part D stages: Below are the four stages of the standard Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1 Part D deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2 Initial coverage stage

You pay the below copays until your total yearly costs reach **\$5,030**. The total yearly drug costs are the drug costs paid by **both you and your Part D plan**. If you live in a long-term care facility, you pay the same copay as you would at a retail pharmacy. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non-Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33% coinsurance	33% coinsurance	Not offered	Not offered	33% coinsurance (30-day supply only)	33% coinsurance (30-day supply only)
Covered Insulins	\$35	\$35	\$96.25	\$105	\$87.50	\$105

3 Coverage gap stage (donut hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until **your out-of-pocket costs** as well as any manufacturer's discount payments provided for brand-name drugs reach **\$8,000**. After that you move into the catastrophic coverage stage.

4 Catastrophic coverage stage

Once you reach this stage, you will no longer pay for your prescriptions. Your Medicare Advantage plan will be responsible for paying your share of the cost for your prescriptions.

Get the prescriptions you need and save money

\$0 copays for Tier 1 and Tier 2 prescriptions

For all plans during the initial coverage stage

Fill your prescription at a preferred pharmacy or by preferred mail order, and you'll have a \$0 copay.

Plans that use the Advantage Rx formulary also have \$0 copay for brand-name (non-insulin) diabetes medications on Tier 2.

Save money with donut hole coverage for insulin medications

For all plans during the coverage gap stage

Your copay is the same in the initial coverage and coverage gap donut hole stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

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

Save money on generic drugs in the donut hole (Tier 1 and Tier 2)

For HMO Rx members during the coverage gap stage

With additional coverage through the coverage gap donut hole stage, you will no longer have to pay more for generic drugs on Tier 1 and generic drugs on Tier 2. Generic drugs are listed in *lowercase italics*. This benefit does not apply to brand-name drugs.

- \$0 copay for a 30-day supply of Tier 1 and Tier 2 generic drugs at a preferred retail pharmacy
- \$0 copay for a 100-day supply of Tier 1 and Tier 2 generic drugs at a preferred pharmacy

For more information view our full covered drug list at upmchp.us/prescription-coverage.

Preferred pharmacies offer low copays for covered prescriptions. This means you will pay less simply by filling your prescriptions at these pharmacies. Search for a preferred retail pharmacy near you at upmchp.us/pharmacy-finder.

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
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic Proair), 90 mcg/actuation (generic Proventil)</i>	T2	T2	<i>azelastine nasal aerosol, spray 137 mcg</i>	T3	T2
<i>alendronate oral tablet 10 mg</i>	T2	T1	<i>azelastine ophthalmic (eye) drops</i>	T3	T2
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	T1	<i>azithromycin oral tablet 250 mg (6 pack)</i>	T2	T2
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	T1	B		
<i>alprazolam oral tablet</i>	T3	T3	<i>baclofen oral tablet 10 mg, 20 mg</i>	T4	T3
<i>amiodarone oral tablet 100 mg, 400 mg</i>	T4	T4	<i>benazepril oral tablet</i>	T1	T1
<i>amiodarone oral tablet 200 mg</i>	T2	T2	<i>benztropine oral tablet</i>	T2	T2
<i>amitriptyline oral tablet</i>	T2	T2	<i>bisoprolol fumarate oral tablet</i>	T2	T2
<i>amlodipine oral tablet</i>	T1	T1	BREO ELLIPTA INHALATION BLISTER WITH DEVICE	T3	T3
<i>amlodipine-benazepril oral capsule</i>	T2	T2	<i>bumetanide oral tablet</i>	T4	T2
<i>amoxicillin oral capsule</i>	T2	T2	<i>buprenorphine hcl sublingual tablet</i>	T2	T2
<i>amoxicillin oral tablet</i>	T2	T2	<i>buprenorphine-naloxone sublingual film</i>	T1	T1
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	T3	T2	<i>bupropion hcl oral tablet extended release 24hr 150 mg, 300 mg</i>	T3	T2
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	T4	T4	<i>bupropion hcl oral tablet sustained-release 12hr</i>	T3	T2
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T2	T2	<i>bupropion hcl oral tablet 10 mg, 15 mg, 5 mg</i>	T2	T2
<i>anastrozole oral tablet</i>	T2	T2	<i>bupropion hcl oral tablet 30 mg, 7.5 mg</i>	T4	T2
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	T3	T3	C		
<i>aripiprazole oral tablet</i>	T3	T3	<i>calcitriol oral capsule</i>	T3	T3
<i>atenolol oral tablet</i>	T1	T1	<i>carbidopa-levodopa oral tablet</i>	T2	T1
<i>atorvastatin oral tablet</i>	T1	T1	<i>cartia xt oral capsule, extended release 24hr</i>	T2	T2
			<i>carvedilol oral tablet</i>	T1	T1
			<i>cefdinir oral capsule</i>	T2	T2

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Drug Name	Premier Rx Plans	All Other Plans
<i>celecoxib oral capsule</i>	T3	T3
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T2	T2
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	T2	T2
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	T2
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T2	T2
<i>citalopram oral tablet</i>	T1	T1
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T2	T2
<i>clobetasol scalp solution</i>	T3	T2
<i>clobetasol topical cream</i>	T3	T2
<i>clobetasol topical gel</i>	T4	T3
<i>clobetasol topical ointment</i>	T3	T2
<i>clobetasol-emoillient topical cream</i>	T3	T3
<i>clonazepam oral tablet</i>	T2	T2
<i>clonidine hcl oral tablet</i>	T2	T2
<i>clopidogrel oral tablet 75mg</i>	T1	T1
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	T2
<i>cyclosporine ophthalmic (eye) dropperette</i>	T2	T2
D		
<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	T4
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	T2	T2
<i>diclofenac sodium topical gel 1 %</i>	T3	T3
<i>dicyclomine oral capsule</i>	T2	T2

Drug Name	Premier Rx Plans	All Other Plans
<i>dicyclomine oral tablet</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>	T2	T2
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	T2
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	T2	T2
<i>doxazosin oral tablet</i>	T2	T2
<i>doxycycline hyclate oral capsule</i>	T2	T2
<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, 50 mg, 75 mg</i>	T2	T2
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	T3	T3
E		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK	T3	T3
ELIQUIS ORAL TABLET	T3	T3
<i>enalapril maleate oral tablet</i>	T1	T1
ENTRESTO ORAL TABLET	T3	T3
<i>escitalopram oxalate oral tablet</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>esomeprazole magnesium oral capsule, delayed release (dr/ec)</i>	T4	T4
<i>euthyrox oral tablet</i>	T1	T1
<i>ezetimibe oral tablet</i>	T3	T3
F		
<i>famotidine oral tablet 20 mg, 40 mg</i>	T2	T2
FARXIGA ORAL TABLET	T3	T2
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T3	T3
<i>fenofibrate nanocrystallized oral tablet</i>	T3	T3
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T3	T3
<i>finasteride oral tablet 5 mg</i>	T1	T1
<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>	T1	T1
<i>fluticasone propionate nasal spray, suspension</i>	T2	T2
<i>fluticasone propionate topical cream</i>	T2	T2
<i>fluticasone propionate topical ointment</i>	T2	T2
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	T2
<i>furosemide oral tablet</i>	T1	T1
G		
<i>gabapentin oral capsule</i>	T3	T2
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T3	T2

Drug Name	Premier Rx Plans	All Other Plans
<i>glimepiride oral tablet</i>	T1	T1
<i>glipizide oral tablet</i>	T1	T1
<i>glipizide oral tablet extended release 24hr</i>	T1	T1
GLYXAMBI ORAL TABLET	T3	T2
H		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	T3	T3
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	T3	T3
<i>hydralazine oral tablet</i>	T2	T2
<i>hydrochlorothiazide oral capsule</i>	T1	T1
<i>hydrochlorothiazide oral tablet</i>	T1	T1
<i>hydroxychloroquine oral tablet 200 mg</i>	T3	T2
<i>hydroxyzine hcl oral tablet</i>	T2	T2
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3	T2
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T2	T2
I		
<i>ibu oral tablet 600 mg, 800 mg</i>	T2	T1
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T2	T1
<i>irbesartan oral tablet</i>	T1	T1
<i>isosorbide mononitrate oral tablet extended release 24hr 30 mg</i>	T2	T2
J		
<i>jantoven oral tablet</i>	T2	T1
JARDIANCE ORAL TABLET	T3	T2
JENTADUETO ORAL TABLET	T3	T2

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Drug Name	Premier Rx Plans	All Other Plans
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
K		
<i>ketoconazole oral tablet</i>	T4	T4
<i>ketoconazole topical cream</i>	T3	T3
<i>ketoconazole topical shampoo</i>	T2	T2
L		
<i>labetalol oral tablet</i>	T3	T2
<i>lamotrigine oral tablet</i>	T2	T2
<i>lansoprazole oral capsule, delayed release (dr/ec)</i>	T3	T3
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN	T3	T3
<i>latanoprost ophthalmic (eye) drops</i>	T1	T1
<i>levetiracetam oral tablet</i>	T3	T2
<i>levocetirizine oral tablet</i>	T2	T2
<i>levothyroxine oral tablet</i>	T1	T1
LINZESS ORAL CAPSULE	T3	T3
<i>lisinopril oral tablet</i>	T1	T1
<i>lisinopril-hydrochlorothiazide oral tablet</i>	T1	T1
<i>lorazepam intensol oral concentrate</i>	T4	T3
<i>lorazepam oral tablet</i>	T3	T3
<i>losartan oral tablet</i>	T1	T1
<i>losartan-hydrochlorothiazide oral tablet</i>	T1	T1
<i>lovastatin oral tablet</i>	T1	T1
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	T3
M		
<i>meclizine oral tablet 25 mg</i>	T2	T2

Drug Name	Premier Rx Plans	All Other Plans
<i>meloxicam oral tablet</i>	T2	T1
<i>memantine oral tablet</i>	T3	T2
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	T1
<i>metformin oral tablet extended release 24hr (generic Glucophage XR)</i>	T1	T1
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T2	T2
<i>methotrexate sodium injection solution</i>	T2	T1
<i>methotrexate sodium oral tablet</i>	T2	T1
<i>methylprednisolone oral tablets, dose pack</i>	T2	T2
<i>metoprolol succinate oral tablet extended release 24hr</i>	T2	T2
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	T1
<i>metronidazole oral tablet</i>	T2	T2
<i>metronidazole topical cream</i>	T4	T3
<i>metronidazole topical gel 0.75 %</i>	T4	T3
<i>metronidazole vaginal gel</i>	T4	T3
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T2	T2
<i>mirtazapine oral tablet 7.5 mg</i>	T3	T2
<i>mirtazapine oral tablet, disintegrating</i>	T3	T3
<i>montelukast oral tablet</i>	T2	T2
MOUNJARO SUBCUTANEOUS PEN INJECTOR	T3	T2
<i>mupirocin topical ointment</i>	T2	T2
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	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
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	T3	T3
N		
<i>naloxone nasal spray, non-aerosol</i>	T1	T1
<i>naproxen oral tablet</i>	T2	T1
<i>nifedipine oral tablet extended release</i>	T2	T2
<i>nitrofurantoin monohydr/m-cryst oral capsule</i>	T2	T2
<i>nitroglycerin sublingual tablet</i>	T3	T2
<i>nitroglycerin transdermal patch 24hr</i>	T2	T2
<i>nitroglycerin translingual spray, non-aerosol</i>	T4	T4
<i>nortriptyline oral capsule</i>	T2	T2
<i>nystatin topical cream</i>	T2	T2
<i>nystatin topical ointment</i>	T2	T2
<i>nystatin topical powder</i>	T3	T2
O		
<i>olanzapine oral tablet</i>	T3	T2
<i>olmesartan oral tablet</i>	T2	T2
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	T2	T1
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T2	T2
<i>oseltamivir oral capsule</i>	T3	T3
<i>oxybutynin chloride oral syrup</i>	T1	T1
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	T1
<i>oxybutynin chloride oral tablet extended release 24hr</i>	T2	T2

Drug Name	Premier Rx Plans	All Other Plans
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	T3	T2
P		
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	T2	T1
<i>paroxetine hcl oral tablet</i>	T2	T2
<i>peg 3350-electrolytes oral recon soln</i>	T1	T1
<i>peg-electrolyte oral recon soln</i>	T1	T1
<i>penicillin v potassium oral tablet</i>	T2	T2
<i>pioglitazone oral tablet</i>	T1	T1
<i>potassium chloride oral capsule, extended release</i>	T2	T2
<i>potassium chloride oral tablet extended release</i>	T2	T2
<i>pravastatin oral tablet</i>	T1	T1
<i>prednisolone acetate ophthalmic (eye) drops, suspension</i>	T2	T2
<i>prednisone oral tablet</i>	T2	T2
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	T3	T3
<i>pregabalin oral capsule</i>	T4	T4
PREMARIN ORAL TABLET	T3	T3
PREMARIN VAGINAL CREAM	T3	T3
<i>prochlorperazine maleate oral tablet</i>	T2	T2
<i>propranolol oral tablet</i>	T2	T2
Q		
<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

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lowercase italics = generic drug

Drug Name	Premier Rx Plans	All Other Plans
R		
<i>raloxifene oral tablet</i>	T3	T2
<i>ramipril oral capsule</i>	T1	T1
<i>repaglinide oral tablet</i>	T2	T2
<i>risperidone oral tablet</i>	T2	T2
<i>ropinirole oral tablet</i>	T2	T2
<i>rosuvastatin oral tablet</i>	T1	T1
RYBELSUS ORAL TABLET	T3	T2
S		
<i>sertraline oral tablet</i>	T1	T1
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	T1	T1
<i>simvastatin oral tablet</i>	T1	T1
<i>solifenacin oral tablet</i>	T3	T3
<i>sotalol oral tablet</i>	T2	T2
SPIRIVA RESPIMAT INHALATION MIST	T3	T3
<i>spironolactone oral tablet</i>	T2	T1
<i>sucralfate oral tablet</i>	T2	T2
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	T2	T2
<i>sumatriptan succinate oral tablet</i>	T1	T1
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	T3	T2
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	T3	T2
SYNJARDY ORAL TABLET	T3	T2
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
SYNTHROID ORAL TABLET	T4	T4

Drug Name	Premier Rx Plans	All Other Plans
T		
<i>tamsulosin oral capsule</i>	T1	T1
<i>temazepam oral capsule 15 mg, 30 mg</i>	T3	T3
<i>terazosin oral capsule</i>	T2	T1
<i>timolol maleate ophthalmic (eye) drops</i>	T2	T2
<i>tizanidine oral tablet</i>	T2	T2
<i>tolterodine oral capsule, extended release 24hr</i>	T3	T3
<i>topiramate oral tablet</i>	T2	T2
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN	T3	T3
TRADJENTA ORAL TABLET	T3	T2
<i>tramadol oral tablet 50 mg</i>	T3	T3
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T1	T1
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	T3	T3
<i>triamcinolone acetonide dental paste</i>	T3	T3
<i>triamcinolone acetonide topical cream</i>	T2	T2
<i>triamcinolone acetonide topical lotion</i>	T2	T2
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	T2
<i>triamterene-hydrochlorothiazid oral capsule</i>	T1	T1
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	T1
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Drug Name	Premier Rx Plans	All Other Plans
TRULICITY SUBCUTANEOUS PEN INJECTOR	T3	T2
V		
<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	T1
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	T3	T2
W		
<i>warfarin oral tablet</i>	T2	T1

Drug Name	Premier Rx Plans	All Other Plans
X		
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK	T3	T3
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	T3	T3
XARELTO ORAL TABLET	T3	T3
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	T3	T2
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	T3	T3
Z		
<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 or call us at the phone number on the first page of this drug list. Talk to your doctor to decide if you should switch to another drug that we cover or make a coverage request.

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Medicare Basics



The four parts of Medicare

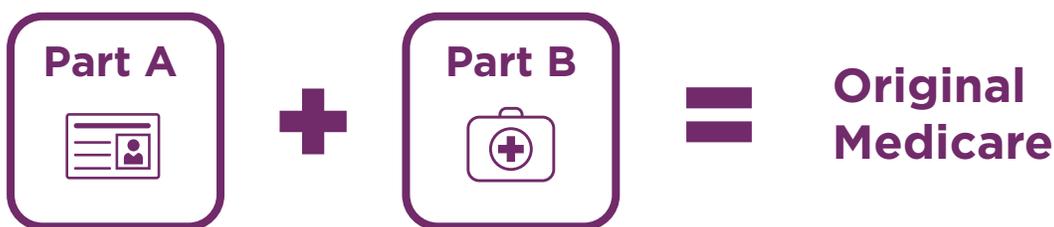
Medicare is a federal health insurance program. It's for people who are 65 years old and older or for those of any age who have certain disabilities or illness. This insurance helps people pay for things like doctor visits, hospital stays, lab work, x-rays, and more. **There are four parts of Medicare:**

PART A

Covers inpatient hospital costs.

PART B

Covers outpatient medical costs.



PART C (MEDICARE ADVANTAGE PLANS)

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

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

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

PART D

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

When can I enroll?

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



You can change your coverage every year.

Annual Election Period:

Oct. 15 - Dec. 7

Open Enrollment Period:

Jan. 1 - Mar. 31

Lock-in Period:

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

Want to understand more about the basics of Medicare?

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



Health care words to know

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

Coinsurance

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

Deductible

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

In-network (IN)

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

Health maintenance organization (HMO)

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

Copay

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

Maximum out-of-pocket

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

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

Out-of-network (OUT)

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

Preferred provider organization (PPO)

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

Help with your Medicare costs

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

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



To see if you qualify for Extra Help:

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

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

To see if you qualify for PACE or PACENET:

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

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

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

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

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

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Summary of Benefits



UPMC *for Life*

2024 Summary of Benefits

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

PPO
Summary of Benefits

HERE'S THE
PLAN

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UPMC *for Life*
UPMC Health Plan Medicare Program

Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2024 – Dec. 31, 2024. 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/ 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 or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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

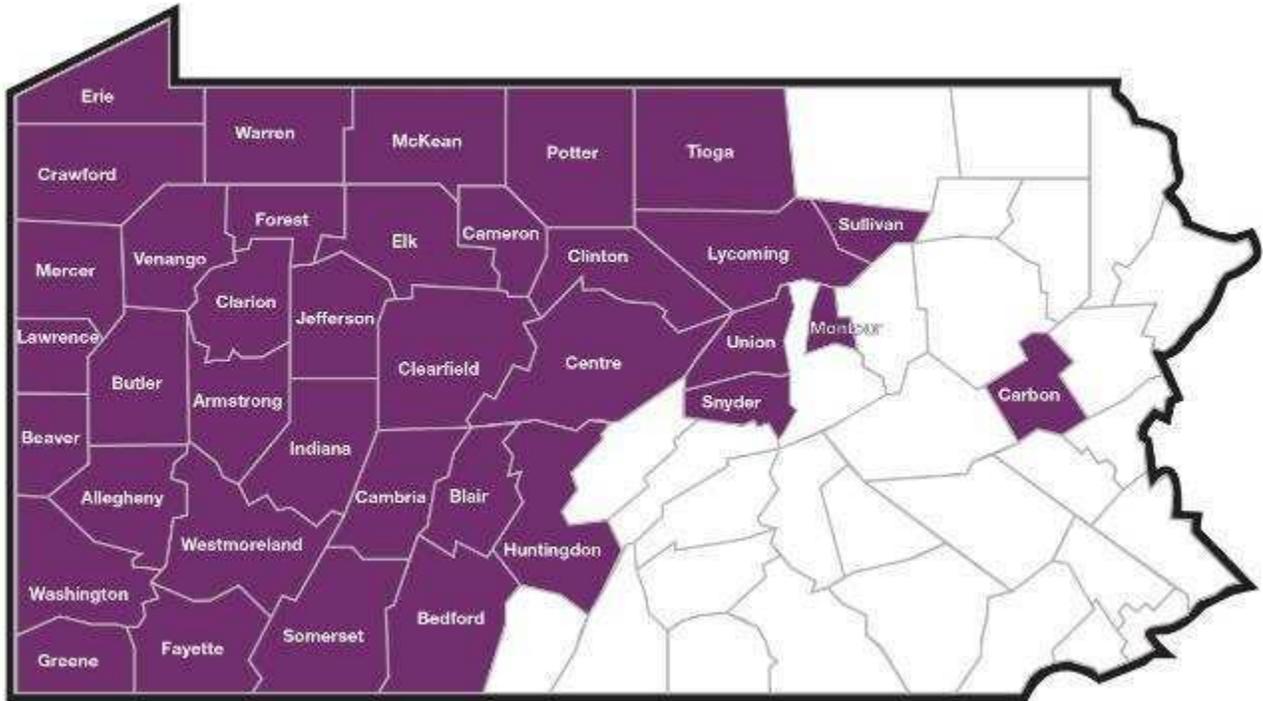
To search for your providers in our network, scan this QR code to visit upmchealthplan.com/find.



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

UPMC *for Life* Service Area

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



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

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Carbon, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, and Westmoreland.

We're here to answer your questions.

Talk to us.

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

Available hours:

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

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

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

Available hours:

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Oct. 1 – Dec. 31: seven days a week from 7 a.m. to 9 p.m.

Find what you need online.



Visit us at www.upmchealthplan.com/medicare

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

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



UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line¹. Download the app from your device's app store.



MyHealth OnLine

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



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/.

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; \$2 Medicare Part B premium reduction per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	<p>IN: \$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.</p> <p>COMBINED IN/OUT: \$10,000 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.</p>

Basic Medical and Hospital Costs

Inpatient hospital coverage*	\$165 per day for days 1-5 and \$0 per day for days 6 and beyond	\$300 per day for days 1-5 and \$0 per day for days 6 and beyond
Outpatient hospital coverage*	\$295 per service	\$375 per service
Ambulatory Surgery Center (ASC) Services*	\$295 per surgery	\$375 per surgery
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$35 per visit, \$35 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$45 per in-person visit
Preventive care	<p>IN: \$0 per service; for your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p>OUT: 30% of the cost per service</p>	
Emergency care	IN/OUT: \$90 per visit	
Urgently needed services	IN/OUT: \$45 per visit	

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

UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
Diagnostic services/labs*	\$5 per day per facility	\$20 per day per facility
Imaging*	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

Hearing services²	Medicare-covered: \$35 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year;	Medicare-covered: \$45 per visit; \$45 for one routine hearing exam per year; \$45 for one hearing aid fitting per year;
	IN: You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.	
Dental services³	Medicare-covered: \$35 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months;	Medicare-covered: \$45 per visit; 30% of the cost for two cleanings per year; 30% of the cost for two routine oral exams per year; 30% of the cost for one limited oral exam every 12 months; 30% of the cost for one comprehensive oral exam every 36 months; 30% of the cost for one bitewing x-ray every 12 months; 30% of the cost for one panoramic x-ray every 36 months;

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

UPMC for Life PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
	<p>IN/OUT: \$4,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work.</p> <p>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.</p>	
Vision services⁴	Medicare-covered: \$35 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year	Medicare-covered: \$45 per visit; 30% of the cost for one routine vision exam and one contact lens fitting exam every year
	<p>IN/OUT: \$225 allowance for routine contact lenses or eyeglasses, including lens options, per year.</p> <p>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.</p>	

Additional Medical Costs

Mental health services*	Inpatient: \$165 per day for days 1-5 and \$0 per day for days 6 and beyond; Outpatient therapy: \$35 per visit, \$35 per telehealth visit	Inpatient: \$300 per day for days 1-5 and \$0 per day for days 6 and beyond ; Outpatient therapy: \$45 per in-person visit
Skilled nursing facility*	\$0 per day (days 1-20); \$196 per day (days 21-100)	30% of the cost per stay
Physical therapy*	\$25 per visit	\$45 per visit
Ambulance*	\$50 for treat and no transport; \$290 per one-way trip	30% of the cost
Transportation	Not covered.	
Medicare Part B drugs*	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

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

UPMC *for Life* PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
Durable medical equipment*	20% of the cost per item	30% of the cost per item
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	30% of the cost per item
Chiropractic care*	Medicare-covered: \$15 per service; No routine chiropractic care	Medicare-covered: \$45 per service No routine chiropractic care
Podiatry services	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

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

upmchealthplan.com/medicare

UPMC for Life PPO Premier Rx

In-Network (IN)

Out-of-Network (OUT)

Extra Benefits and Services

UPMC for Life Flex Spend Card

\$300 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does 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.
- **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.
- **Dental services.** Use your dental benefit allowance of \$4,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD.
- **Vision services.** Use your vision benefit allowance of \$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.
- **Hearing aids.** 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.

Over-the-Counter Allowance

You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.

SilverSneakers®

FREE unlimited gym memberships and one **FREE** personal training session each year at participating fitness facilities.

PPO
Summary of Benefits

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

UPMC *for Life* PPO Premier Rx

	In-Network (IN)	Out-of-Network (OUT)
RxWell	Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.	
Home Safety Products⁵	Choose up to 6 products per year from the UPMC <i>for Life</i> Home Safety Products Catalog at no additional cost.	
Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.	
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.	
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.	
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).	
Meals	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.	
Travel Assistance	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.	
UPMC AnywhereCare⁶ (virtual visit with a UPMC provider)	\$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.

upmchealthplan.com/medicare

Prescription Drug Costs

There are four stages of the Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1 Part D Deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2 Initial Coverage Stage

You pay the copays below until your total yearly costs reach **\$5,030**. The total yearly drug costs are the drug costs paid by both you and your Part D plan. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33%	33%	Not offered	Not offered	33% (30- day supply only)	33% (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.

3

Coverage Gap Stage (Donut Hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until your out-of-pocket costs, as well as any manufacturer's discount payments provided for brand-name drugs, reach **\$8,000**. After that, you move into the Catastrophic Coverage Stage.

4

Catastrophic Coverage Stage

Once you reach this stage, you will no longer pay for your prescriptions. Your Medicare Advantage plan will be responsible for paying your share of the cost for your prescriptions.

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/ and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to upmchealthplan.com/medicare/shop 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 by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at www.upmchealthplan.com/medicare/shop/.

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

Save money on your prescriptions

\$0 copays for Tier 1 and Tier 2 prescriptions

During the Initial Coverage stage

You have **\$0 copays** for Tier 1 and Tier 2 prescriptions at preferred retail and mail-order pharmacies.

Save money with donut hole coverage for insulin medications

During the Coverage Gap stage

Your copay is the same in the Initial Coverage and Coverage Gap “donut hole” stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

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

For more information view our full covered drug list at upmchp.us/prescription-coverage.

Services with an asterisk () may require prior authorization.

¹UPMC 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.

²Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to 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.

³Go to 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.

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

⁵UPMC *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.

⁶UPMC *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 SNP, and PPO plans. The HMO 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., and UPMC Health Coverage Inc.

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UPMC *for Life*

2024 Summary of Benefits

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

PPO
Summary of Benefits

HERE'S THE
PLAN

H5533_243008_M

UPMC *for Life*
UPMC Health Plan Medicare Program

Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2024 – Dec. 31, 2024. 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/ 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 or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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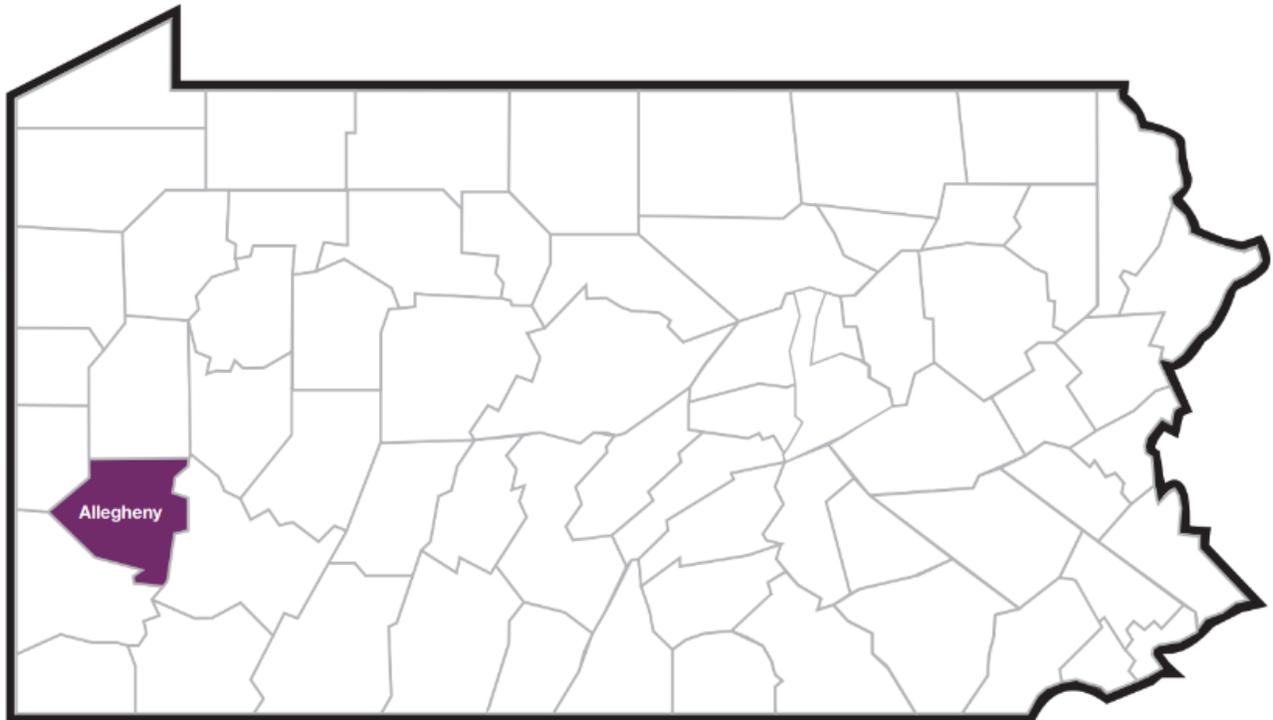
To search for your providers in our network, scan this QR code to visit upmchealthplan.com/find.



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

UPMC *for Life* Service Area

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



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

We're here to answer your questions.

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

Available hours:

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Oct. 1 – Dec. 31: seven days a week from 7 a.m. to 9 p.m.

Find what you need online.



Visit us at www.upmchealthplan.com/medicare

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

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



UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line¹. Download the app from your device's app store.



MyHealth OnLine

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



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/.

UPMC for Life PPO Rx Choice

In-Network (IN)

Out-of-Network (OUT)

Premium, Deductible and Out-of-Pocket Limit

Monthly plan premium	\$19 per month; \$2 Medicare Part B premium reduction per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	<p>IN: \$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.</p> <p>COMBINED IN/OUT: \$9,550 for Medicare-covered services, including copays and coinsurance. This is your out-of-pocket spending limit for the year, and does not include costs for Part D prescription drugs.</p>

Basic Medical and Hospital Costs

Inpatient hospital coverage*	\$225 per stay	\$325 per stay
Outpatient hospital coverage*	\$175 per service	\$275 per service
Ambulatory Surgery Center (ASC) Services*	\$175 per surgery	\$275 per surgery
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit, \$0 per telehealth visit Specialist: \$10 per visit, \$10 per telehealth visit	Primary care provider: \$0 per in-person visit Specialist: \$20 per in-person visit
Preventive care	<p>IN: \$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings</p> <p>OUT: 30% of the cost per service</p>	
Emergency care	IN/OUT: \$90 per visit	
Urgently needed services	IN/OUT: \$45 per visit	

PPO
Summary of Benefits

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

upmchealthplan.com/medicare

UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
Diagnostic services/labs*	\$0 per day per facility	\$5 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$150 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

Hearing services²	Medicare-covered: \$10 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year;	Medicare-covered: \$20 per visit; \$20 for one routine hearing exam per year; \$20 for one hearing aid fitting per year;
	IN: You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.	
Dental services³	Medicare-covered: \$10 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months;	Medicare-covered: \$20 per visit; 30% of the cost for two cleanings per year; 30% of the cost for two routine oral exams per year; 30% of the cost for one limited oral exam every 12 months; 30% of the cost for one comprehensive oral exam every 36 months; 30% of the cost for one bitewing x-ray every 12 months; 30% of the cost for one panoramic x-ray every 36 months;

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

UPMC for Life PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
	<p>IN/OUT: \$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>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.</p>	
Vision services⁴	Medicare-covered: \$10 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year	Medicare-covered: \$20 per visit; 30% of the cost for one routine vision exam and one contact lens fitting exam every year
	<p>IN/OUT: \$300 allowance for routine contact lenses or eyeglasses, including lens options, per year.</p> <p>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.</p>	

Additional Medical Costs

Mental health services*	Inpatient: \$225 per stay; Outpatient therapy: \$5 per visit, \$5 per telehealth visit	Inpatient: \$325 per stay ; Outpatient therapy: \$20 per in-person visit
Skilled nursing facility*	\$0 per day (days 1-20); \$196 per day (days 21-100)	30% of the cost per stay
Physical therapy*	\$5 per visit	\$20 per visit
Ambulance*	\$50 for treat and no transport; \$290 per one-way trip	30% of the cost
Transportation	Not covered.	
Medicare Part B drugs*	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
Durable medical equipment*	20% of the cost per item	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)
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies	30% of the cost per item
Chiropractic care*	Medicare-covered: \$15 per service; No routine chiropractic care	Medicare-covered: \$20 per service No routine chiropractic care
Podiatry services	Medicare-covered: \$5 per visit Routine (4 visits per year): \$5 per routine visit	Medicare-covered: \$20 per visit; Routine (4 visits per year): \$20 per routine visit

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

upmchealthplan.com/medicare

UPMC for Life PPO Rx Choice

In-Network (IN)

Out-of-Network (OUT)

Extra Benefits and Services

UPMC for Life Flex Spend Card

\$750 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does 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.
- **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.
- **Dental services.** 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.
- **Vision services.** 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.
- **Hearing aids.** 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.

Over-the-Counter Allowance

You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.

SilverSneakers®

FREE unlimited gym memberships and one **FREE** personal training session each year at participating fitness facilities.

PPO
Summary of Benefits

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

UPMC *for Life* PPO Rx Choice

	In-Network (IN)	Out-of-Network (OUT)
RxWell	Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.	
Home Safety Products⁵	Choose up to 6 products per year from the UPMC <i>for Life</i> Home Safety Products Catalog at no additional cost.	
Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.	
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.	
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.	
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).	
Meals	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.	
Travel Assistance	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.	
UPMC AnywhereCare⁶ (virtual visit with a UPMC provider)	\$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.

upmchealthplan.com/medicare

Prescription Drug Costs

There are four stages of the Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1 Part D Deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2 Initial Coverage Stage

You pay the copays below until your total yearly costs reach **\$5,030**. The total yearly drug costs are the drug costs paid by both you and your Part D plan. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33%	33%	Not offered	Not offered	33% (30- day supply only)	33% (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.

3

Coverage Gap Stage (Donut Hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until your out-of-pocket costs, as well as any manufacturer's discount payments provided for brand-name drugs, reach **\$8,000**. After that, you move into the Catastrophic Coverage Stage.

4

Catastrophic Coverage Stage

Once you reach this stage, you will no longer pay for your prescriptions. Your Medicare Advantage plan will be responsible for paying your share of the cost for your prescriptions.

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/ and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to upmchealthplan.com/medicare/shop 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 by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at www.upmchealthplan.com/medicare/shop/.

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

Save money on your prescriptions

\$0 copays for Tier 1 and Tier 2 prescriptions

During the Initial Coverage stage

You have **\$0 copays** for Tier 1 and Tier 2 prescriptions at preferred retail and mail-order pharmacies.

Low copays for covered diabetic medications (Tier 2)

For the Initial Coverage stage

Save money on covered, brand-name, non-insulin diabetic medications that help lower your blood sugar.

- \$0 copay for a 30-day supply filled at a preferred retail pharmacy
- \$0 copay for a 100-day supply filled at a preferred pharmacy or mail-order pharmacy

Save money with donut hole coverage for insulin medications

During the Coverage Gap stage

Your copay is the same in the Initial Coverage and Coverage Gap “donut hole” stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

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

For more information view our full covered drug list at upmchp.us/prescription-coverage.

Services with an asterisk () may require prior authorization.

¹UPMC 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.

²Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to 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.

³Go to 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.

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

⁵UPMC *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.

⁶UPMC *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 SNP, and PPO plans. The HMO 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., and UPMC Health Coverage Inc.

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UPMC *for Life*

2024 Summary of Benefits

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

HMO
Summary of Benefits

HERE'S THE
PLAN

H3907_243002_M

UPMC *for Life*
UPMC Health Plan Medicare Program

Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2024 – Dec. 31, 2024. 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/ 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 or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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

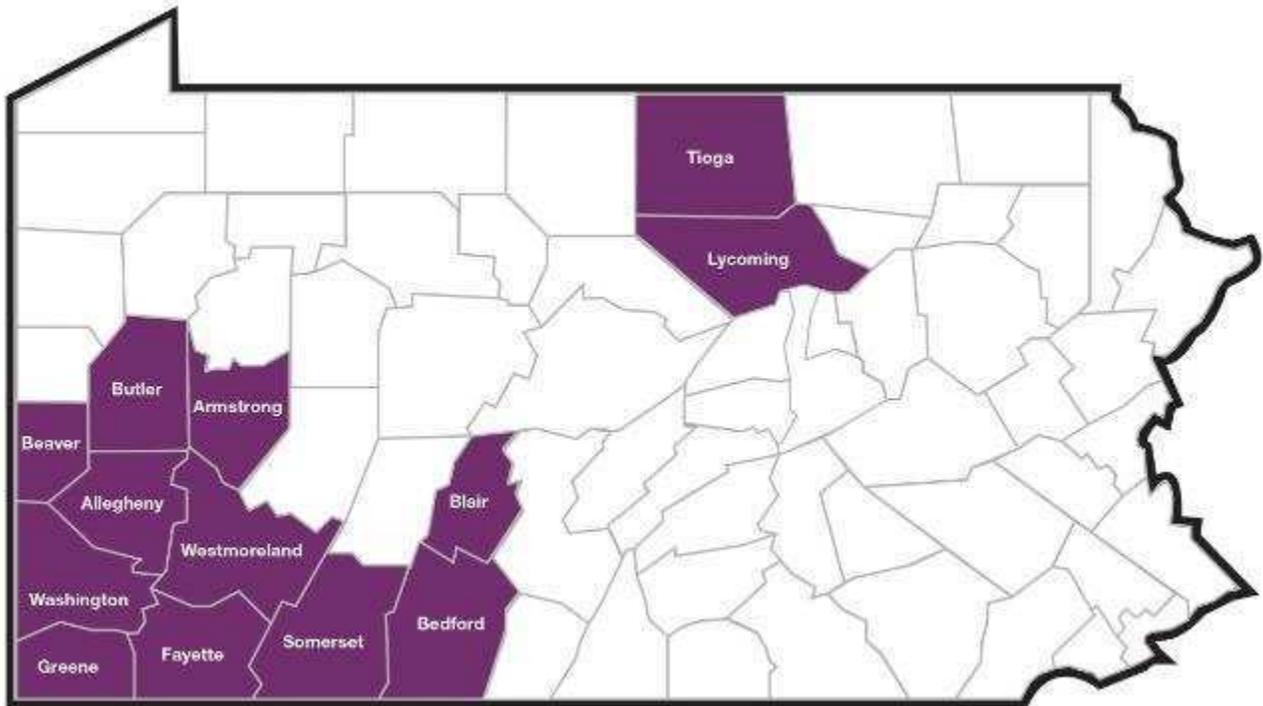
To search for your providers in our network, scan this QR code to visit upmchealthplan.com/find.



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

UPMC *for Life* Service Area

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



The service area for this plan includes the following counties in Pennsylvania:
Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Fayette, Greene, Lycoming, Somerset, Tioga, Washington, and Westmoreland.

We're here to answer your questions.

Talk to us.

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

Available hours:

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

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

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

Available hours:

Jan. 1 – Sept. 30: seven days a week from 8 a.m. to 8 p.m.

Oct. 1 – Dec. 31: seven days a week from 7 a.m. to 9 p.m.

Find what you need online.



Visit us at www.upmchealthplan.com/medicare

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

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



UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line¹. Download the app from your device's app store.



MyHealth OnLine

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



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/.

UPMC for Life HMO Premier Rx

Premium, Deductible and Out-of-Pocket Limit

Monthly plan premium	\$0 per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	\$5,500 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

Inpatient hospital coverage*	\$165 per day for days 1-5 and \$0 per day for days 6 and beyond
Outpatient hospital coverage*	\$325 per service
Ambulatory Surgical Center (ASC) Services*	\$325 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
Preventive care	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
Emergency care	\$90 per visit
Urgently needed services	\$45 per visit
Diagnostic services/labs*	\$0 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$225 per service; Basic imaging and X-rays: \$20 per service

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

Dental, Vision, and Hearing Coverage

Hearing services²	<p>Medicare-covered: \$30 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year; You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. You also have additional dollars you can use to help pay for hearing aids. See the UPMC <i>for Life</i> Flex Spend Card under Extra Benefits and Services for more details.</p>
Dental services³	<p>Medicare-covered: \$30 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months; \$4,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, denture repairs and realignments, and periodontal work. You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC <i>for Life</i> Flex Spend Card under Extra Benefits and Services for more details.</p>
Vision services⁴	<p>Medicare-covered: \$30 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year; \$200 allowance for routine contact lenses or eyeglasses, including lens options, every year. You also have additional dollars you can use to help pay for contacts or eyeglasses. See the UPMC <i>for Life</i> Flex Spend Card under Extra Benefits and Services for more details.</p>

Additional Medical Costs

Mental health services*	<p>Inpatient: \$165 per day for days 1-5 and \$0 per day for days 6 and beyond; Outpatient therapy: \$30 per visit, \$30 per telehealth visit</p>
Skilled nursing facility*	<p>\$0 per day (days 1-20); \$196 per day (days 21-100)</p>
Physical therapy*	<p>\$20 per visit</p>

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UPMC for Life HMO Premier Rx

Ambulance*	\$50 for treat and no transport; \$255 per one-way trip
Transportation	Not covered
Medicare Part B drugs*	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
Durable medical equipment*	20% of the cost per item
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
Chiropractic care*	Medicare-covered: \$18 per service No routine chiropractic care
Podiatry services	Medicare-covered: \$30 per visit Routine (4 visits per year): \$30 per routine visit

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

Extra Benefits and Services

<p>UPMC <i>for Life</i> Flex Spend Card</p>	<p>\$500 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does not roll over from year to year.</p> <ul style="list-style-type: none"> • 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. • 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. • Dental services. Use your dental benefit allowance of \$4,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD. • Vision services. Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD. • Hearing aids. 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.
<p>Over-the-Counter Allowance</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC <i>for Life</i> Flex Spend Card above for more details.</p>
<p>SilverSneakers®</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>
<p>RxWell</p>	<p>Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.</p>
<p>Home Safety Products⁵</p>	<p>Choose up to 6 products per year from the UPMC <i>for Life</i> Home Safety Products Catalog at no additional cost.</p>

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

UPMC for Life HMO Premier Rx

Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).
Meals	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.
Travel Concierge⁶	You have in-network cost sharing when seeing any provider that accepts Medicare in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.
Travel Assistance	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.
UPMC AnywhereCare⁷ (virtual visit with a UPMC provider)	\$0 per eVisit

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(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:

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- UM decisions are based only on the appropriateness of care.
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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

There are four stages of the Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1 Part D Deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2 Initial Coverage Stage

You pay the copays below until your total yearly costs reach **\$5,030**. The total yearly drug costs are the drug costs paid by both you and your Part D plan. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33%	33%	Not offered	Not offered	33% (30- day supply only)	33% (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.

3

Coverage Gap Stage (Donut Hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until your out-of-pocket costs, as well as any manufacturer's discount payments provided for brand-name drugs, reach **\$8,000**. After that, you move into the Catastrophic Coverage Stage.

4

Catastrophic Coverage Stage

Once you reach this stage, you will no longer pay for your prescriptions. Your Medicare Advantage plan will be responsible for paying your share of the cost for your prescriptions.

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/ and submit the form to request a pharmacy review.

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Make sure your drugs are covered.

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



You can also view your plan's formulary at www.upmchealthplan.com/medicare/shop/.

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

Save money on your prescriptions

\$0 copays for Tier 1 and Tier 2 prescriptions

During the Initial Coverage stage

You have **\$0 copays** for Tier 1 and Tier 2 prescriptions at preferred retail and mail-order pharmacies.

Save money with donut hole coverage for insulin medications

During the Coverage Gap stage

Your copay is the same in the Initial Coverage and Coverage Gap “donut hole” stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

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

For more information view our full covered drug list at upmchp.us/prescription-coverage.

Services with an asterisk () may require prior authorization.

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²Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to 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.

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

⁵UPMC *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.

⁶The 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.

⁷UPMC *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 SNP, and PPO plans. The HMO 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., and UPMC Health Coverage Inc.

Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries.



2024_MCHMO046SB_23MCID0729
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UPMC *for Life*

2024 Summary of Benefits

Look inside to learn more about these plans:

UPMC *for Life* HMO Deductible Rx (HMO)

UPMC *for Life* HMO Rx Choice (HMO)

UPMC *for Life* HMO Rx (HMO)

**HERE'S THE
PLAN**

H3907_243000_M

UPMC *for Life*
UPMC Health Plan Medicare Program

Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2024 – Dec. 31, 2024. 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/ 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 or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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

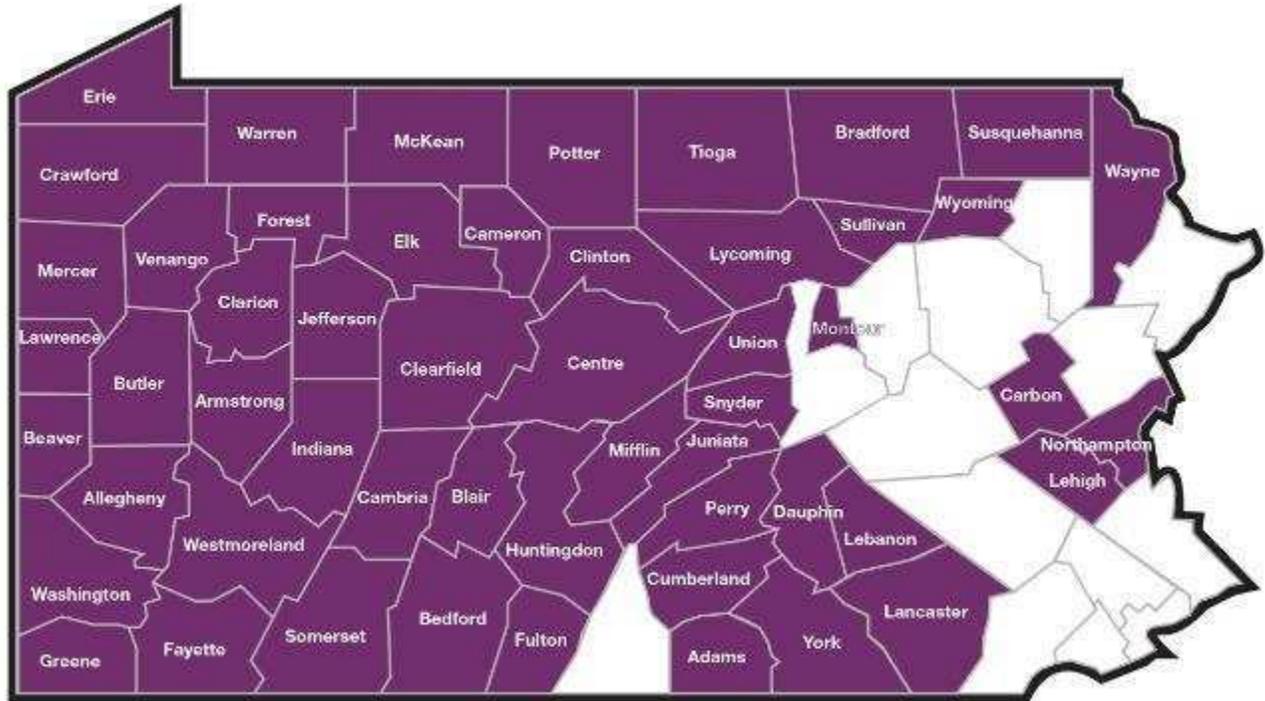
To search for your providers in our network, scan this QR code to visit upmchealthplan.com/find.



All plans in this book include prescription drug coverage. Please refer to the Part D information on page 23 to review your coverage and costs for prescriptions.

UPMC for Life Service Area

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



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

Harrison and Jefferson.

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

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

We're here to answer your questions.

Talk to us.

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

Available hours:

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

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

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

Available hours:

Jan. 1 – Sept. 30: seven days a week from 8 a.m. to 8 p.m.

Oct. 1 – Dec. 31: seven days a week from 7 a.m. to 9 p.m.

Find what you need online.



Visit us at www.upmchealthplan.com/medicare

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

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



UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line¹. Download the app from your device's app store.



MyHealth OnLine

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



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/.

UPMC for Life HMO Deductible Rx

Premium, Deductible and Out-of-Pocket Limit

Monthly plan premium	\$20.80 per month
Annual deductible	\$750
Maximum out-of-pocket responsibility	\$6,000 for Medicare-covered services, including copays, 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

Inpatient hospital coverage*	\$300 per stay after deductible
Outpatient hospital coverage*	\$125 per service after deductible
Ambulatory Surgical Center (ASC) Services*	\$125 per service after deductible
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit (deductible does not apply); \$0 per telehealth visit (deductible does not apply) Specialist: \$35 per visit (deductible does not apply); \$35 per telehealth visit (deductible does not apply)
Preventive care	\$0 per service, (deductible does not apply) including your annual wellness visit, flu, and pneumonia vaccines and preventive screenings
Emergency care	\$90 per visit (deductible does not apply)
Urgently needed services	\$45 per visit (deductible does not apply)
Diagnostic services/labs*	\$5 per day per facility (deductible does not apply)
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$200 per service after deductible; Basic imaging and X-rays: \$20 per service after deductible

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

UPMC for Life HMO Deductible Rx

Dental, Vision, and Hearing Coverage

Hearing services²	<p>Medicare-covered: \$35 per visit (deductible does not apply); \$0 for one routine hearing exam per year (deductible does not apply); \$0 for one hearing aid fitting per year (deductible does not apply); You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. (deductible does not apply)</p> <p>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.</p>
Dental services³	<p>Medicare-covered: \$35 per visit (deductible does not apply); \$0 for two cleanings per year (deductible does not apply); \$0 for two routine oral exams per year (deductible does not apply); \$0 for one limited oral exam every 12 months (deductible does not apply); \$0 for one comprehensive oral exam every 36 months (deductible does not apply); \$0 for one bitewing x-ray every 12 months (deductible does not apply); \$0 for one panoramic x-ray every 36 months (deductible does not apply); \$2,250 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. (deductible does not apply)</p> <p>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.</p>

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

UPMC for Life HMO Deductible Rx

Vision services⁴	<p>Medicare-covered: \$35 per visit (deductible does not apply); \$0 for one routine vision exam and one contact lens fitting exam every year (deductible does not apply); \$150 allowance for routine contact lenses or eyeglasses, including lens options, every year (deductible does not apply). 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.</p>
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Additional Medical Costs

Mental health services*	<p>Inpatient: \$300 per stay after deductible Outpatient therapy: \$35 per visit after deductible, \$35 per telehealth visit after deductible</p>
Skilled nursing facility*	<p>\$0 per day (days 1-20) (deductible does not apply); \$196 per day (days 21-100) (deductible does not apply)</p>
Physical therapy*	<p>\$0 per visit after deductible</p>
Ambulance*	<p>\$50 for treat and no transport after deductible; \$290 per one-way trip after deductible</p>
Transportation	<p>Not covered</p>
Medicare Part B drugs*	<p>0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins (deductible does not apply)</p>
Durable medical equipment*	<p>\$0 per item (deductible does not apply)</p>
Diabetes supplies*	<p>\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies after deductible</p>
Chiropractic care*	<p>Medicare-covered (deductible does not apply): \$18 per service No routine chiropractic care</p>
Podiatry services	<p>Medicare-covered: \$35 per visit after deductible Routine (4 visits per year): \$35 per routine visit (deductible does not apply)</p>

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

Extra Benefits and Services

<p>UPMC for Life Flex Spend Card</p>	<p>\$500 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does not roll over from year to year.</p> <ul style="list-style-type: none"> • 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. • 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. • Dental services. Use your dental benefit allowance of \$2,250 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD. • Vision services. Use your vision benefit allowance of \$150 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. • Hearing aids. 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.
<p>Over-the-Counter Allowance</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.</p>
<p>SilverSneakers®</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>

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

UPMC for Life HMO Deductible Rx

RxWell	Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
Home Safety Products⁵	Choose up to 6 products per year from the UPMC for Life Home Safety Products Catalog at no additional cost.
Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).
Meals	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.
Travel Concierge⁶	You have in-network cost sharing when seeing any provider that accepts Medicare in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.
Travel Assistance	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.
UPMC AnywhereCare⁷ (virtual visit with a UPMC provider)	\$0 per eVisit (deductible does not apply)

* 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.**

UPMC for Life HMO Rx Choice

Premium, Deductible and Out-of-Pocket Limit

Monthly plan premium	\$36 per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	\$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

Inpatient hospital coverage*	\$395 per stay
Outpatient hospital coverage*	\$250 per service
Ambulatory Surgical Center (ASC) Services*	\$250 per service
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$35 per visit; \$35 per telehealth visit
Preventive care	\$0 per service, including your annual wellness visit, flu, and pneumonia vaccines and preventive screenings
Emergency care	\$90 per visit
Urgently needed services	\$45 per visit
Diagnostic services/labs*	\$5 per day per facility
Imaging*	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.

UPMC for Life HMO Rx Choice

Dental, Vision, and Hearing Coverage

<p>Hearing services²</p>	<p>Medicare-covered: \$35 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year; You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. 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.</p>
<p>Dental services³</p>	<p>Medicare-covered: \$35 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months; \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. 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.</p>
<p>Vision services⁴</p>	<p>Medicare-covered: \$35 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year; \$200 allowance for routine contact lenses or eyeglasses, including lens options, every year. 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.</p>

Additional Medical Costs

<p>Mental health services*</p>	<p>Inpatient: \$395 per stay Outpatient therapy: \$35 per visit, \$35 per telehealth visit</p>
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* Services with an asterisk (*) may require prior authorization.

UPMC for Life HMO Rx Choice

Skilled nursing facility*	\$0 per day (days 1-20); \$196 per day (days 21-100)
Physical therapy*	\$35 per visit
Ambulance*	\$50 for treat and no transport; \$300 per one-way trip
Transportation	Not covered
Medicare Part B drugs*	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
Durable medical equipment*	20% of the cost per item
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
Chiropractic care*	Medicare-covered: \$18 per service No routine chiropractic care
Podiatry services	Medicare-covered: \$35 per visit Routine (4 visits per year): \$35 per routine visit

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

Extra Benefits and Services

<p>UPMC for Life Flex Spend Card</p>	<p>\$500 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does not roll over from year to year.</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • Vision services. 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. • Hearing aids. 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.
<p>Over-the-Counter Allowance</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.</p>
<p>SilverSneakers®</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>
<p>RxWell</p>	<p>Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.</p>

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

UPMC for Life HMO Rx Choice

Home Safety Products⁵	Choose up to 6 products per year from the UPMC for Life Home Safety Products Catalog at no additional cost.
Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).
Meals	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.
Travel Concierge⁶	You have in-network cost sharing when seeing any provider that accepts Medicare in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.
Travel Assistance	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.
UPMC AnywhereCare⁷ (virtual visit with a UPMC provider)	\$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.**

UPMC for Life HMO Rx

Premium, Deductible and Out-of-Pocket Limit

Monthly plan premium	\$81 per month; \$2 Medicare Part B premium reduction per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	\$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

Inpatient hospital coverage*	\$295 per stay
Outpatient hospital coverage*	\$200 per service
Ambulatory Surgical Center (ASC) Services*	\$200 per service
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$25 per visit; \$25 per telehealth visit
Preventive care	\$0 per service, including your annual wellness visit, flu, and pneumonia vaccines and preventive screenings
Emergency care	\$90 per visit
Urgently needed services	\$45 per visit
Diagnostic services/labs*	\$0 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$200 per service; Basic imaging and X-rays: \$25 per service

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

Dental, Vision, and Hearing Coverage

<p>Hearing services²</p>	<p>Medicare-covered: \$25 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year; You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. You also have additional dollars you can use to help pay for hearing aids. See the UPMC <i>for Life</i> Flex Spend Card under Extra Benefits and Services for more details.</p>
<p>Dental services³</p>	<p>Medicare-covered: \$25 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months; \$5,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. You also have additional dollars you can use to help pay for dental services like teeth whitening and dental implants. See the UPMC <i>for Life</i> Flex Spend Card under Extra Benefits and Services for more details.</p>
<p>Vision services⁴</p>	<p>Medicare-covered: \$25 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year; \$225 allowance for routine contact lenses or eyeglasses, including lens options, every year. You also have additional dollars you can use to help pay for contacts and eyeglasses. See the UPMC <i>for Life</i> Flex Spend Card under Extra Benefits and Services for more details.</p>

Additional Medical Costs

<p>Mental health services*</p>	<p>Inpatient: \$295 per stay Outpatient therapy: \$25 per visit, \$25 per telehealth visit</p>
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* Services with an asterisk (*) may require prior authorization.

UPMC for Life HMO Rx

Skilled nursing facility*	\$0 per day (days 1-20); \$100 per day (days 21-100)
Physical therapy*	\$15 per visit
Ambulance*	\$50 for treat and no transport; \$270 per one-way trip
Transportation	Not covered
Medicare Part B drugs*	0%-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
Durable medical equipment*	20% of the cost per item
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
Chiropractic care*	Medicare-covered: \$18 per service; Routine (6 visits per year): \$18 per service
Podiatry services	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

<p>UPMC for Life Flex Spend Card</p>	<p>\$1,000 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does not roll over from year to year.</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • Vision services. 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. • Hearing aids. 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.
<p>Over-the-Counter Allowance</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.</p>
<p>SilverSneakers®</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>
<p>RxWell</p>	<p>Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.</p>

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

UPMC for Life HMO Rx

Home Safety Products⁵	Choose up to 6 products per year from the UPMC for Life Home Safety Products Catalog at no additional cost.
Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).
Meals	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.
Travel Concierge⁶	You have in-network cost sharing when seeing any provider that accepts Medicare in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.
Travel Assistance	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.
UPMC AnywhereCare⁷ (virtual visit with a UPMC provider)	\$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

There are four stages of the Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1 Part D Deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2 Initial Coverage Stage

You pay the copays below until your total yearly costs reach **\$5,030**. The total yearly drug costs are the drug costs paid by both you and your Part D plan. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33%	33%	Not offered	Not offered	33% (30- day supply only)	33% (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.

3

Coverage Gap Stage (Donut Hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until your out-of-pocket costs, as well as any manufacturer's discount payments provided for brand-name drugs, reach **\$8,000**. After that, you move into the Catastrophic Coverage Stage.

With the UPMC for Life HMO Rx plan you have additional coverage for generic drugs in Tier 1 and Tier 2 while in the Coverage Gap Stage. You will continue to pay the same drug copays in the Coverage Gap Stage for Tier 1 and Tier 2 generic prescription drugs that you paid in the Initial Coverage Stage. For all other drugs, the coverage gap discount listed in the first paragraph applies.

4

Catastrophic Coverage Stage

Once you reach this stage, you will no longer pay for your prescriptions. Your Medicare Advantage plan will be responsible for paying your share of the cost for your prescriptions.

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/ and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to upmchealthplan.com/medicare/shop 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 by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at www.upmchealthplan.com/medicare/shop/.

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

Save money on your prescriptions

\$0 copays for Tier 1 and Tier 2 prescriptions

For all plans during the Initial Coverage stage

You have **\$0 copays** for Tier 1 and Tier 2 prescriptions at preferred retail and mail-order pharmacies.

Low copays for covered diabetic medications (Tier 2)

For the Initial Coverage stage of all plans except for HMO Premier Rx

Save money on covered, brand-name, non-insulin diabetic medications that help lower your blood sugar.

- \$0 copay for a 30-day supply filled at a preferred retail pharmacy
- \$0 copay for a 100-day supply filled at a preferred pharmacy or mail-order pharmacy

Save money with donut hole coverage for insulin medications

For all plans during the Coverage Gap stage

Your copay is the same in the Initial Coverage and Coverage Gap “donut hole” stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

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

Save money on generic drugs in the donut hole (Tier 1 and Tier 2)

For HMO Rx members during the Coverage Gap stage

With additional coverage through the Coverage Gap “donut hole” stage you will no longer have to pay more for generic drugs on Tier 1 and generic drugs on Tier 2. Generic drugs are listed in lowercase italics in the drug formulary. This benefit does not apply to brand-name drugs.

- \$0 copay for a 30-day supply of Tier 1 generic drugs filled at a preferred retail pharmacy
- \$0 copay for a 100-day supply of Tier 1 generic drugs filled at a preferred pharmacy
- \$0 copay for a 30-day supply of Tier 2 generic drugs filled at a preferred retail pharmacy
- \$0 copay for a 100-day supply of Tier 2 generic drugs filled at a preferred pharmacy

For more information, view our full covered drug list at upmchp.us/prescription-coverage.

Services with an asterisk () may require prior authorization.

¹UPMC 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.

²Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to 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.

³Members must use a participating dental provider. Go to 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.

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

⁵UPMC *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.

⁶The 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.

⁷UPMC *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 SNP, and PPO plans. The HMO 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., and UPMC Health Coverage Inc.

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2024_MCHMO037057029SB_23MCID0536

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UPMC *for Life*

2024 Summary of Benefits

Look inside to learn more about these plans:

UPMC *for Life* HMO No Rx (HMO)

UPMC *for Life* HMO Rx Enhanced (HMO)

**HERE'S THE
PLAN**

H3907_243001_M

UPMC *for Life*
UPMC Health Plan Medicare Program

Get started with UPMC *for Life*.

Here is a summary of what our plans cover and what you pay for care. These benefits are effective Jan. 1, 2024 – Dec. 31, 2024. 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/ 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 or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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

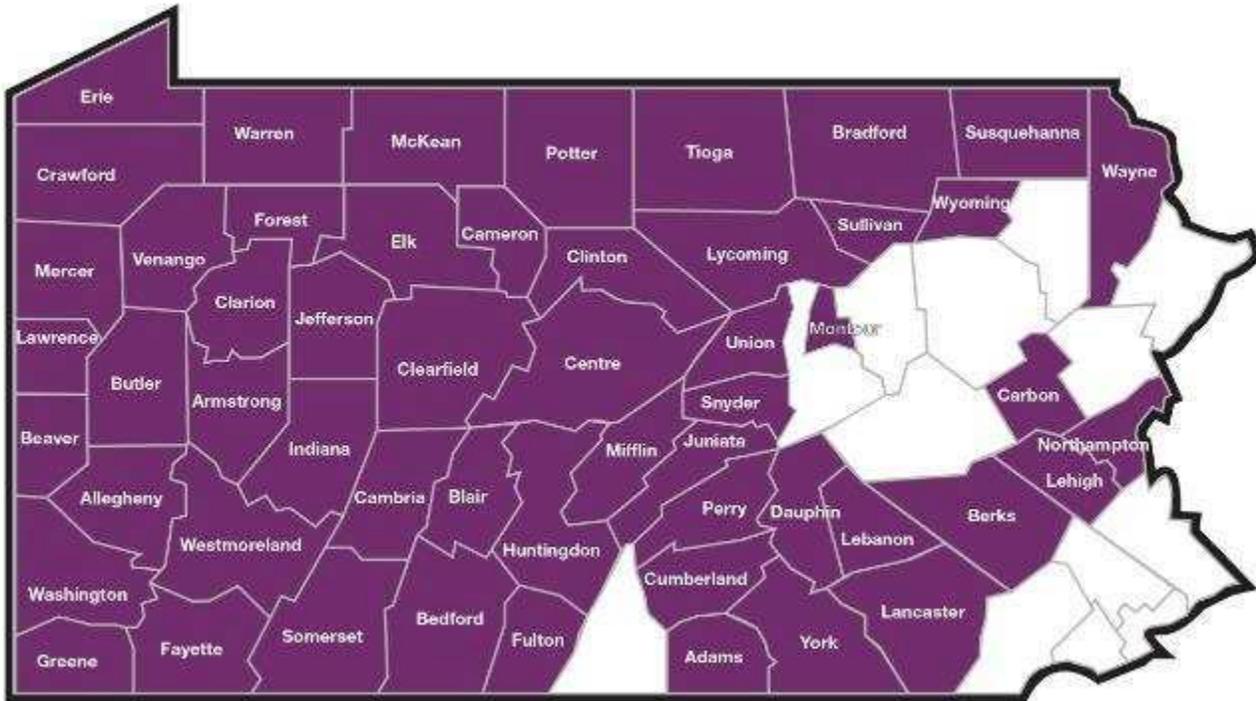
To search for your providers in our network, scan this QR code to visit upmchealthplan.com/find.



UPMC *for Life* HMO Rx Enhanced includes prescription drug coverage. Please refer to the Part D information on page 14 to review your coverage and costs for prescriptions.

UPMC *for Life* Service Area

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



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

Harrison and Jefferson.

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

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

We're here to answer your questions.

Talk to us.

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

Available hours:

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

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

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

Available hours:

Jan. 1 – Sept. 30: seven days a week from 8 a.m. to 8 p.m.

Oct. 1 – Dec. 31: seven days a week from 7 a.m. to 9 p.m.

Find what you need online.



Visit us at www.upmchealthplan.com/medicare

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

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



UPMC Health Plan mobile app

As a member, you can use this app to access your plan documents, search for providers, live chat with a Health Care Concierge, access your member ID card, view claims, and even call your doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line¹. Download the app from your device's app store.



MyHealth OnLine

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



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/.

Premium, Deductible and Out-of-Pocket Limit

Monthly plan premium	\$0 per month; \$39 Medicare Part B premium reduction per month
Annual deductible	No deductible
Maximum out-of-pocket responsibility	\$5,000 for Medicare-covered services, including copays and coinsurance; Your out-of-pocket spending limit for the year. This is not a deductible.

Basic Medical and Hospital Costs

Inpatient hospital coverage*	\$300 per stay
Outpatient hospital coverage*	\$225 per service
Ambulatory Surgical Center (ASC) Services*	\$225 per service
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$45 per visit; \$45 per telehealth visit
Preventive care	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
Emergency care	\$90 per visit
Urgently needed services	\$45 per visit
Diagnostic services/labs*	\$5 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$110 per service; Basic imaging and X-rays: \$30 per service

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

Dental, Vision, and Hearing Coverage

Hearing services²	<p>Medicare-covered: \$45 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year; You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids. 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.</p>
Dental services³	<p>Medicare-covered: \$45 per visit; \$0 for two cleanings per year; \$0 for two routine oral exams per year; \$0 for one limited oral exam every 12 months; \$0 for one comprehensive oral exam every 36 months; \$0 for one bitewing x-ray every 12 months; \$0 for one panoramic x-ray every 36 months; \$3,000 yearly allowance with a 50% coinsurance for dental services like fillings, simple tooth extractions, root canals, bridges, crowns, dentures, denture repairs and realignments, and periodontal work. 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.</p>
Vision services⁴	<p>Medicare-covered: \$45 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year; \$200 allowance for routine contact lenses or eyeglasses, including lens options, every year. 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.</p>

Additional Medical Costs

Mental health services*	<p>Inpatient: \$300 per stay; Outpatient therapy: \$40 per visit, \$40 per telehealth visit</p>
Skilled nursing facility*	<p>\$0 per day (days 1-20); \$80 per day (days 21-100)</p>
Physical therapy*	<p>\$40 per visit</p>

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

UPMC for Life HMO No Rx

Ambulance*	\$50 for treat and no transport; \$290 per one-way trip
Transportation	Not covered
Medicare Part B drugs*	0-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
Durable medical equipment*	20% of the cost per item
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
Chiropractic care*	Medicare-covered: \$18 per service; Routine (6 visits per year): \$18 per service
Podiatry services	Medicare-covered: \$45 per visit Routine (4 visits per year): \$45 per routine visit

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upmchealthplan.com/medicare

Extra Benefits and Services

<p>UPMC for Life Flex Spend Card</p>	<p>\$250 allowance per year to buy over-the-counter products and pay for medical service costs and dental, vision, and hearing services. This is a yearly allowance and it does not roll over from year to year.</p> <ul style="list-style-type: none"> • 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. You can use this card at any provider that accepts MASTERCARD. • 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. • Dental services. Use your dental benefit allowance of \$3,000 with 50% coinsurance first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD. • Vision services. Use your vision benefit allowance of \$200 first and then use this card second to help you pay for any additional out-of-pocket costs. You can use this card at any provider that accepts MASTERCARD. • Hearing aids. 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.
<p>Over-the-Counter Allowance</p>	<p>You have an allowance you can use to help pay for health care products. See the UPMC for Life Flex Spend Card above for more details.</p>
<p>SilverSneakers®</p>	<p>FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.</p>
<p>RxWell</p>	<p>Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.</p>
<p>Home Safety Products</p>	<p>Not covered.</p>
<p>Home Safety</p>	<p>Get one FREE in-home safety assessment per year with a licensed health care professional.</p>

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

UPMC for Life HMO No Rx

Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).
Meals	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.
Travel Concierge⁶	You have in-network cost sharing when seeing any provider that accepts Medicare in Arizona, Florida, Georgia, North Carolina, South Carolina, and Tennessee.
Travel Assistance	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.
UPMC AnywhereCare⁷ (virtual visit with a UPMC provider)	\$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:

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

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

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upmchealthplan.com/medicare

UPMC for Life HMO Rx Enhanced

Premium, Deductible and Out-of-Pocket Limit

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

Basic Medical and Hospital Costs

Inpatient hospital coverage*	\$125 per stay
Outpatient hospital coverage*	\$80 per service
Ambulatory Surgical Center (ASC) Services*	\$80 per service
Doctor visits (Primary Care Providers and Specialists)	Primary care provider: \$0 per visit; \$0 per telehealth visit Specialist: \$25 per visit; \$25 per telehealth visit
Preventive care	\$0 per service, including your annual wellness visit, flu and pneumonia vaccines, and preventive screenings
Emergency care	\$90 per visit
Urgently needed services	\$45 per visit
Diagnostic services/labs*	\$0 per day per facility
Imaging*	Advanced imaging (CT, MRI, and PET scans): \$75 per service; Basic imaging and X-rays: \$20 per service

Dental, Vision, and Hearing Coverage

Hearing services²	Medicare-covered: \$25 per visit; \$0 for one routine hearing exam per year; \$0 for one hearing aid fitting per year; You pay \$690-\$1,890 copay for one hearing aid per ear per year. See a participating Amplifon provider to receive this discount on hearing aids.
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upmchealthplan.com/medicare

UPMC for Life HMO Rx Enhanced

Dental services³	Medicare-covered: \$25 per visit; \$0 for two cleanings per year; \$15 for two routine oral exams per year; \$15 for one limited oral exam every 12 months; \$15 for one comprehensive oral exam every 36 months; \$15 for one bitewing x-ray every 12 months; \$15 for one panoramic x-ray every 36 months
Vision services⁴	Medicare-covered: \$25 per visit; \$0 for one routine vision exam and one contact lens fitting exam every year; \$200 allowance for routine contact lenses or eyeglasses, including lens options, every year.

Additional Medical Costs

Mental health services*	Inpatient: \$125 per stay; Outpatient therapy: \$25 per visit, \$25 per telehealth visit
Skilled nursing facility*	\$0 per day (days 1-20); \$60 per day (days 21-100)
Physical therapy*	\$15 per visit
Ambulance*	\$50 for treat and no transport; \$100 per one-way trip
Transportation	Not covered
Medicare Part B drugs*	0-20% of the cost; no more than \$35 for a 30-day supply of Part B insulins
Durable medical equipment*	20% of the cost per item
Diabetes supplies*	\$0 for preferred Lifescan diabetic monitors and test strips; 20% of the cost for non-preferred diabetic supplies
Chiropractic care*	Medicare-covered: \$15 per service; Routine (6 visits per year): \$15 per service
Podiatry services	Medicare-covered: \$25 per visit Routine (4 visits per year): \$25 per routine visit

Extra Benefits and Services

UPMC for Life Flex Spend Card	Not Covered.
Over-the-Counter Allowance	Not Covered.

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UPMC for Life HMO Rx Enhanced

SilverSneakers®	FREE unlimited gym memberships and one FREE personal training session each year at participating fitness facilities.
RxWell	Download this FREE app for help managing your mental and physical health through personalized programs, guided activities, and support from a live health coach.
Home Safety Products⁵	Choose up to 6 products per year from the UPMC for Life Home Safety Products Catalog at no additional cost.
Home Safety	Get one FREE in-home safety assessment per year with a licensed health care professional.
Personal Counseling	Receive six counseling sessions per concern per year through <i>Resources for Life</i> at no additional cost.
Caregiver Support	Tools for Caregivers - You, your family members, and caregivers can learn ways to reduce your feelings of loss, loneliness, or stress. You are covered for six caregiver counseling sessions per year at no cost.
Palliative Care	If you have a serious or advanced illness, you will get a personal care plan, help with symptom and medication management, and home-delivered meals, if needed. This benefit is for members living at home or in an assisted living home (it is not available to members in a skilled nursing facility).
Meals	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.
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upmchealthplan.com/medicare

UPMC *for Life* HMO Rx Enhanced

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upmchealthplan.com/medicare

Prescription Drug Costs

There are four stages of the Part D benefit. The amount you pay for your drugs may change as you move through these different stages. **Your costs can also depend on the pharmacy you use and what tier your drug is.**

1 Part D Deductible stage

Our plans do not have a deductible for Part D prescription drugs. This stage does not apply to our plans.

2 Initial Coverage Stage

You pay the copays below until your total yearly costs reach **\$5,030**. The total yearly drug costs are the drug costs paid by both you and your Part D plan. **Most people will stay in this stage for the entire year.**

Tier	30-Day Supply		100-Day Supply			
	Retail		Retail		Mail-Order	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred Generic	\$0	\$15	\$0	\$30	\$0	\$30
Tier 2 Generic	\$0	\$20	\$0	\$40	\$0	\$40
Tier 3 Preferred Brand	\$47	\$47	\$129.50	\$141	\$117.50	\$141
Tier 4 Non- Preferred	\$100	\$100	\$300	\$300	\$300	\$300
Tier 5 Specialty	33%	33%	Not offered	Not offered	33% (30- day supply only)	33% (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.

3

Coverage Gap Stage (Donut Hole)

You pay up to **25%** of the plan's cost for brand-name and generic drugs plus a portion of the dispensing fee. You remain in this stage until your out-of-pocket costs, as well as any manufacturer's discount payments provided for brand-name drugs, reach **\$8,000**. After that, you move into the Catastrophic Coverage Stage.

4

Catastrophic Coverage Stage

Once you reach this stage, you will no longer pay for your prescriptions. Your Medicare Advantage plan will be responsible for paying your share of the cost for your prescriptions.

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/ and submit the form to request a pharmacy review.

To get information about our pharmacy management procedures, lists of drugs that are covered, and any restrictions to your pharmacy benefits and how to request a drug be covered go to upmchealthplan.com/medicare/shop 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 by scanning this QR code or give us a call at the phone number on page 3.



You can also view your plan's formulary at www.upmchealthplan.com/medicare/shop/.

Save money on your drugs by filling at a preferred pharmacy. To find a preferred pharmacy, call us or go to upmchealthplan.com/find.

Save money on your prescriptions

\$0 copays for Tier 1 and Tier 2 prescriptions

During the Initial Coverage stage

You have **\$0 copays** for Tier 1 and Tier 2 prescriptions at preferred retail and mail-order pharmacies.

Low copays for covered diabetic medications (Tier 2)

During the Coverage Gap stage

Save money on covered, brand-name, non-insulin diabetic medications that help lower your blood sugar.

- \$0 copay for a 30-day supply filled at a preferred retail pharmacy
- \$0 copay for a 100-day supply filled at a preferred pharmacy or mail-order pharmacy

Save money with donut hole coverage for insulin medications

During the Coverage Gap stage

Your copay is the same in the Initial Coverage and Coverage Gap “donut hole” stages, which may save you hundreds! This applies to covered insulins filled at standard, preferred, or mail-order pharmacies.

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

For more information view our full covered drug list at upmchp.us/prescription-coverage.

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

Services with an asterisk () may require prior authorization.

¹UPMC 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.

²Members must use a participating Amplifon hearing provider to take advantage of the hearing aid copays. Go to 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.

³Go to 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.

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

⁵UPMC *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.

⁶The 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.

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

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2024_MCHMO002006SB_23MCID1045

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Additional Information



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-381-3765* (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. Visit upmchealthplan.com/medicare or call **1-877-381-3765* (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

- In addition to your monthly plan premium, you must continue to pay your Medicare Part 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, 2024.

- 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 cannot use.

- 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.

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

- **Jan. 1 – Sept. 30** seven days a week from 8 a.m. to 8 p.m.
- **Oct. 1 – Dec. 31** seven days a week from 7 a.m. to 9 p.m.

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2024_PREENRLCHKPPO_23MCID1394 (RT) 9/8/23 PDF

UPMC HEALTH PLAN

upmchealthplan.com/medicare



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 **1-877-381-3765* (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. Visit upmchealthplan.com/medicare or call **1-877-381-3765* (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

- 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, 2024.

- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not 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 cannot use.

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

- **Jan. 1 - Sept. 30** seven days a week from 8 a.m. to 8 p.m.
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UPMC HEALTH PLAN

upmchealthplan.com/medicare



IMPORTANT INFORMATION:

2023 Medicare Star Ratings

UPMC *for Life* - H5533

Official U.S.
Government
Medicare
Information



For 2023, UPMC *for Life* - H5533 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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



This plan got
**MEDICARE'S HIGHEST
RATING** (5 stars)

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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, Tuesday, Wednesday, Thursday, Friday from 8:00 a.m. to 8:00 p.m. Eastern time Saturday from 8:00 a.m. to 3:00 p.m. Eastern time. Current members please call **877-539-3080** (toll-free) or **711** (TTY).

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H5533_231424_M

IMPORTANT INFORMATION:

2023 Medicare Star Ratings

UPMC *for Life* - H3907

Official U.S.
Government
Medicare
Information



For 2023, 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

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



This plan got
**MEDICARE'S HIGHEST
RATING** (5 stars)

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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, Tuesday, Wednesday, Thursday, Friday from 8:00 a.m. to 8:00 p.m. Eastern time Saturday from 8:00 a.m. to 3:00 p.m. Eastern time. Current members please call **877-539-3080** (toll-free) or 711 (TTY).

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H3907_231423_M

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

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

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

- UPMC *for Life* HMO Premier Rx (HMO)
- UPMC *for Life* HMO Deductible Rx (HMO)
- UPMC *for Life* HMO Rx Choice (HMO)
- UPMC *for Life* PPO Premier Rx (PPO)
- UPMC *for Life* PPO Rx Choice (PPO)
- UPMC *for Life* PPO High Deductible Rx (HMO)
- UPMC *for Life* Complete Care (HMO SNP)

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

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

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

If you have any questions, please call us at **1-877-381-3765**. TTY users should call 711. From Oct. 1 through Dec. 31, seven days a week from 7 a.m. to 9 p.m. EST. From Jan. 1 through Sept. 30, seven days a week from 8 a.m. to 8 p.m. EST.



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2024_LISSUMMARY_23MCID1411 (RT) 7/13/23

UPMC *for Life*
UPMC Health Plan Medicare Program

Additional
Information

Multi-Language Insert

Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Y0069_231768_C



Enrollment



Three easy ways to enroll



Phone

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

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

Jan. 1 - Sept. 30 seven days a week from 8 a.m. to 8 p.m.

Oct. 1 - Dec. 31 seven days a week from 7 a.m. to 9 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.



Getting to Know You Survey

Make sure to complete your Getting to Know You Survey. 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.**

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

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

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

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

When do I use this form?

You can join a plan:

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

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

What do I need to complete this form?

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

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

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

Reminders:

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

What happens next?

Send your completed and signed form to:

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

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

How do I get help with this form?

Call UPMC *for Life* at **1-877-381-3765 (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 **1-877-381-3765 (TTY: 711)** o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

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

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





UPMC Health Plan Medicare Program

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

Select the plan you want to join:

- \$0 - HMO No Rx (HMO) (***Does not*** include Part D prescription drug coverage)
- \$0 - HMO Premier Rx (HMO)
- \$0 - PPO Premier Rx (PPO)
- \$20.80 - HMO Deductible Rx (HMO)
- \$19 - PPO Rx Choice (PPO)
- \$36 - HMO Rx Choice (HMO)
- \$81 - HMO Rx (HMO)

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

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

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

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

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

Your Medicare information

Medicare number: _ _ _ _ - _ _ _ - _ _ _ _

Answer these important questions:

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

- Yes No

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

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

Hospital (Part A) effective date: _____

Hospital (Part B) effective date: _____

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

TEAR HERE

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Section 2—All fields on this page are optional

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin
 I choose not to answer.

What's your race? Select all that apply.

- American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White
 I choose not to answer.

Select one if you want us to send you information in a language other than English, Spanish

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

- Braille Large print Audio CD

Please contact UPMC *for Life* at **1-877-381-3765** if you need information in an accessible format other than what's listed above. Our office hours are Jan. 1 through Sept. 30 seven days a week from 8 a.m. to 8 p.m. and Oct. 1 through Dec. 31 seven days a week from 7 a.m. to 9 p.m. TTY users can call **711**.

Do you work? Yes No Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center: _____
 Practice name: _____ Practice number: _____

Are you a veteran? Yes No

I want to get the following materials electronically:

- Benefit & Plan Documents:** Includes your plan updates, benefit information, and regulatory notices
 Explanation of Benefits and **quarterly statements**
 Health & Wellness: Includes communications about your care, member events, member surveys, and health and wellness
 Promotions & Incentives: 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.

TEAR HERE

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Paying your plan premiums

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

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

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

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

I get monthly benefits from: Social Security RRB

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

PRIVACY ACT STATEMENT

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

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Attestation of Eligibility for an Enrollment Period

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

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

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

If none of these statements applies to you or you're not sure, please contact UPMC *for Life* at **1-877-381-3765** (TTY users should call **711**) to see if you are eligible to enroll. We are open Jan. 1 through Sept. 30 seven days a week from 8 a.m. to 8 p.m. and Oct. 1 through Dec. 31 seven days a week from 7 a.m. to 9 p.m.

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IMPORTANT: Signature required below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UPMC *for Life*.
- By joining this Medicare Advantage plan, 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 below).
- I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan.
- Once I am a member of UPMC *for Life*, I have the right to appeal plan decisions about payment or services if I disagree.
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- 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.
- I understand and agree to abide by the rules of UPMC *for Life*.
- 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:	Address:
Phone Number:	Relationship to Enrollee:

OFFICE USE ONLY

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

Plan ID#:	Effective Date of Coverage:		
ICEP/IEP:	AEP:	SEP (type):	Not Eligible:

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

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

Y0069_241096_C



Three easy ways to enroll



Phone

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

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

Jan. 1 - Sept. 30 seven days a week from 8 a.m. to 8 p.m.

Oct. 1 - Dec. 31 seven days a week from 7 a.m. to 9 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.



Getting to Know You Survey

Make sure to complete your Getting to Know You Survey. 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.**

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

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

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

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

When do I use this form?

You can join a plan:

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

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

What do I need to complete this form?

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

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

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

Reminders:

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

What happens next?

Send your completed and signed form to:

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

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

How do I get help with this form?

Call UPMC *for Life* at **1-877-381-3765 (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 **1-877-381-3765 (TTY: 711)** o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

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

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UPMC Health Plan Medicare Program

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

Select the plan you want to join:

- \$0 - HMO No Rx (HMO) (***Does not*** include Part D prescription drug coverage)
- \$0 - HMO Premier Rx (HMO)
- \$0 - PPO Premier Rx (PPO)
- \$20.80 - HMO Deductible Rx (HMO)
- \$19 - PPO Rx Choice (PPO)
- \$36 - HMO Rx Choice (HMO)
- \$81 - HMO Rx (HMO)

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

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

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

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

Your Medicare information

Medicare number: _ _ _ _ - _ _ _ - _ _ _ _

Answer these important questions:

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

- Yes No

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

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

Hospital (Part A) effective date: _____

Hospital (Part B) effective date: _____

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

TEAR HERE

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Section 2—All fields on this page are optional

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin
 I choose not to answer.

What's your race? Select all that apply.

- American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White
 I choose not to answer.

Select one if you want us to send you information in a language other than English, Spanish

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

- Braille Large print Audio CD

Please contact UPMC *for Life* at **1-877-381-3765** if you need information in an accessible format other than what's listed above. Our office hours are Jan. 1 through Sept. 30 seven days a week from 8 a.m. to 8 p.m. and Oct. 1 through Dec. 31 seven days a week from 7 a.m. to 9 p.m. TTY users can call **711**.

Do you work? Yes No Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center: _____
 Practice name: _____ Practice number: _____

Are you a veteran? Yes No

I want to get the following materials electronically:

- Benefit & Plan Documents:** Includes your plan updates, benefit information, and regulatory notices
 Explanation of Benefits and **quarterly statements**
 Health & Wellness: Includes communications about your care, member events, member surveys, and health and wellness
 Promotions & Incentives: 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.

TEAR HERE

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Paying your plan premiums

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

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

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

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

I get monthly benefits from: Social Security RRB

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

PRIVACY ACT STATEMENT

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

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Attestation of Eligibility for an Enrollment Period

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

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

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

If none of these statements applies to you or you're not sure, please contact UPMC *for Life* at **1-877-381-3765** (TTY users should call **711**) to see if you are eligible to enroll. We are open Jan. 1 through Sept. 30 seven days a week from 8 a.m. to 8 p.m. and Oct. 1 through Dec. 31 seven days a week from 7 a.m. to 9 p.m.

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IMPORTANT: Signature required below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in UPMC *for Life*.
- By joining this Medicare Advantage plan, 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 below).
- I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan.
- Once I am a member of UPMC *for Life*, I have the right to appeal plan decisions about payment or services if I disagree.
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- 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.
- I understand and agree to abide by the rules of UPMC *for Life*.
- 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: _____

Address: _____

Phone Number: _____

Relationship to Enrollee: _____

OFFICE USE ONLY

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

Plan ID#: _____

Effective Date of Coverage: _____

ICEP/IEP: _____

AEP: _____

SEP (type): _____

Not Eligible: _____

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 member (or his or her authorized representative). All information provided on this form is confidential and should be completed by each Medicare member 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.

Member or authorized representative signature and signature date:	
Signature:	Signature date:
If you are the member's authorized representative, please sign above and print below:	
Representative's name:	Your relationship to the member:
To be completed by agent:	
Agent name:	Agent phone:
Member's name:	
Member's phone number:	
Member's address:	
Date of appointment:	
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 SNP, and PPO plans. The HMO 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., and UPMC Health Coverage Inc.

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Scope of Sales Appointment Confirmation Form

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Member or authorized representative signature and signature date:	
Signature:	Signature date:
If you are the member's authorized representative, please sign above and print below:	
Representative's name:	Your relationship to the member:
To be completed by agent:	
Agent name:	Agent phone:
Member's name:	
Member's phone number:	
Member's address:	
Date of appointment:	
Agent's signature:	

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

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

Jan. 1 - Sept. 30 seven days a week from 8 a.m. to 8 p.m.

Oct. 1 - Dec. 31 seven days a week from 7 a.m. to 9 p.m.

Go to **upmchealthplan.com/medicare**
or scan this code to get started:



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UPMC HEALTH PLAN

upmchealthplan.com/medicare



Our **BEST** plans **EVER**, better coverage for you!

We're listening to what you need, and we are making our plans better based on feedback from our members.



Our BEST PPO plans EVER: Plans start at \$0 per month and give you low-cost coverage for in and out-of-network care. Plus, most of our plans give you money back in your monthly Social Security check!



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



Dental, vision, and hearing: Coverage for dental services plus dentures, a vision allowance to use on eyeglasses or contacts, and a great discount on hearing aids. **Most plans now have \$2,000 more dental allowance for 2024!**



UPMC for Life Flex Spend Card: You can choose a plan that gives you additional dollars to spend however you like on over-the-counter (OTC) products and dental, vision, and hearing service costs. **And now you can use it to help pay for medical services like doctor's office copays too!** See the back of this flier for more information.

#1 in Member Satisfaction among Medicare Advantage Plans in Pennsylvania!

UPMC for Life received the highest score in Pennsylvania in the J.D. Power 2023 U.S. Medicare Advantage Satisfaction Study of members' satisfaction with their Medicare Advantage health plan experience.

Results are based on award eligible plans in Pennsylvania by J.D. Power. For J.D. Power 2023 award information, visit [jdpower.com/awards](https://www.jdpower.com/awards).



Want to talk to someone about your options? We're here to help. Get FREE help and support from a Medicare Advisor now by calling us at **1-877-381-3765 (TTY: 711)** seven days a week from 7 a.m. to 9 p.m.

The Annual Enrollment Period ends Dec. 7. Make sure you have the right plan for you.

UPMC for Life
UPMC Health Plan Medicare Program

Your health care dollars, **your choice!**

The UPMC *for Life* Flex Spend Card gives you additional dollars to spend however you like on OTC products and dental, vision, and hearing services. **NEW for 2024, you can use your card on medical services like doctor's office copays too!**

This 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 how to use it before your plan effective date.

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



Medical services and doctor costs

Use this card to pay for doctor office visits, x-rays, physical therapy, urgent care visits, or anytime you have out-of-pocket costs for your medical care. You can use \$50 of your allowance per transaction. You cannot use this card to pay for Part D prescription drug copays. You can use this card at any provider that accepts Mastercard.



Over-the-counter products

Use this card when you buy covered OTC products at participating retailers 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 or scan the QR code:



Dental, vision, and hearing providers

Use this card in addition to your plan benefits to cover any out-of-pocket expenses. For example, you can use the card to help pay for dental services like teeth whitening and dental implants. You can use this card at any provider that accepts MasterCard.

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