

UPMC Health Plan

University of Pittsburgh Advantage Panther Gold Plan

Enhanced Access HMO

The Enhanced Access HMO encourages you to use a primary care physician (PCP) for medical care. However, you can self-direct to a specialist. PCPs can be family or general practitioners, internists, or pediatricians. Your PCP performs routine and preventive care and coordinates specialist care. In addition, women may use any network ob-gyn to provide or coordinate all covered gynecological/obstetric care.

Covered Services

Benefits are paid at the highest level when medical care is received from a UPMC Health Plan participating practitioner.

No benefits are paid if routine or non-emergency care is received outside the UPMC Health Plan network.

Covered Services	UPMC Advantage Network	Other Participating Facilities
Annual deductible		
Individual	None	\$300
Family	None	\$600
Annual out-of-pocket limit		
Individual	None	\$1,500
Family	None	\$3,000
Plan payment level	100%	80% after deductible
Lifetime benefit level	Unlimited	Unlimited
Primary care provider (PCP) required	Yes	Yes
Pre-existing condition limitations	None	None
Precertification requirements	Provider responsibility	Provider responsibility
Provider Medical Services¹		
Adult Care (must be coordinated through PCP)		
Preventive/health screening examination	100%	
Pediatric (must be coordinated through PCP)		
Preventive/health screening examination	100%	
Pediatric immunizations	100%	
Well-baby visits	100%	
Women's Care (must be coordinated through PCP)		
Screening gynecological exam and Pap test, and screening mammogram	100%	
Provider office visit (for illness or injury)	100% after \$20 copayment per visit	
Specialist office visit, including ob-gyn	100% after \$30 copayment per visit	
Medical/surgical services	100%	
Hospital Services		
Inpatient care	100% after \$250 copayment per inpatient stay (Limit of 2 copayments per Benefit Period) Limit of 4 copayments per Benefit Period; 100% coverage thereafter	80% after deductible
Outpatient surgery	100% after \$100 copayment per visit; Limit of 4 copayments per Benefit Period; 100% coverage thereafter	
Outpatient care, medical services, ancillary services, colonoscopy and supplies	100%	
Emergency Services		
Emergency services coverage	100% after \$30 copayment per visit for members 18 years old and under 100% after \$50 copayment per visit for members 19 years old and over Copayment waived if admitted	
Urgent care facility	100% after \$30 copayment per visit	
Diagnostic Services		
Advanced imaging (e.g., PET, MRI, etc.)	100% after \$25 copayment per visit Limit 4 copayments per Benefit Period; 100% coverage thereafter	80% after deductible
Other imaging (e.g., X-ray, sonogram, etc.)	100% after \$5 copayment per visit Limit 4 copayments per Benefit Period; 100% coverage thereafter	
Lab and other services	100%	80% after deductible

Covered Services	UPMC Advantage Network	Other Participating Facilities
Medical Therapy Services		
Chemotherapy, radiation, infusion therapy, dialysis treatment		
Inpatient & Outpatient Hospital Services	100%	80% after deductible
Non-hospital Outpatient Services	100%	
Rehabilitation Therapy Services		
Physical, speech, and occupational	100% after \$10 copayment per visit	80% after deductible
	Covered up to 60 visits per Benefit Period for all three therapies combined	
Other Medical Services		
Acupuncture	100% Please refer to your Certificate of Coverage or call Member Services for details	
Skilled nursing facility		
Hospital based facility	100%	80% after deductible
Non-hospital based facility	100% (limit of 90 days per Benefit Period)	
Home health care	100%	80% after deductible
Hospice care	100%	
Therapeutic manipulation/Chiropractic care	100% after \$30 copayment for first visit, then \$15 copayment per visit thereafter (limit of 25 visits per Benefit Period)	
Podiatric care	100% after \$25 copayment per visit	
Allergy testing and serum	100%	
Durable medical equipment and corrective appliances	100%	80% after deductible
Behavioral Health — Contact UPMC Health Plan Behavioral Health Services at 1-877-461-8610		
Behavioral health		
Inpatient	100%	
Outpatient	100% after \$15 copayment per visit	
Substance abuse services		
Inpatient detoxification	100%	
Inpatient rehabilitation	100%	
Outpatient rehabilitation	100%	
Prescription Drug Coverage— The Your Choice pharmacy program will apply (Mandatory Generic)		
Retail prescription drug ²	\$12 copayment for generic drugs \$34 copayment for preferred brand drugs \$68 copayment for non-preferred brand drugs 90-day maximum retail supply available for 3 copayments	
Specialty prescription drug ²	\$73 copayment for specialty drugs 30-day maximum specialty supply	
Mail-order prescription drug ²	\$24 copayment for generic drugs \$68 copayment for preferred brand drugs \$136 copayment for non-preferred brand drugs 90-day maximum mail-order supply	

In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Network, Inc., as well as plans offered by UPMC Health Plan, Inc.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.

UPMC Health Plan Member Services: 1-888-876-2756.
TTD service for hearing-impaired: 1-800-361-2629.

¹ Preventive Services will be covered with no member cost sharing as required by PPACA.

² If a Physician demonstrates that the Brand Name Drug is Medically Necessary and Appropriate, the member will pay only the Non-Preferred Brand Name Drug Copayment.

This summary is meant to assist in comparing the benefit plans. It is not a contract. If differences exist between this summary and a group's contract or a member's Certificate of Coverage, the contract or Certificate of Coverage prevails.

UPMC HEALTH PLAN

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