UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan)

2015 National Complementary Plan

University of Pittsburgh

Covered Services	Benefits
HOSPITAL SERVICES[1]	
Inpatient Hospitalization Includes: • Inpatient Mental Health • Inpatient Substance Abuse	• $100 inpatient deductible on your first hospital stay per year. • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid and the $100 deductible has been met. • UPMC Complementary Plan will pay 365 days additional coverage after primary coverage has exhausted.
Skilled Nursing Facility Care[2]	• For days 1-100, UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid. • You pay all costs for days 101 and after per benefit period.
Home Health Care	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Hospice Care (Medicare-certified hospice required)	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
MEDICAL SERVICES[1]	
Physician Visits Includes: • Primary Care Physicians (PCP) & Specialists • Chiropractic Services (non-routine) • Podiatry Services (non-routine) • Outpatient Mental Health Visits • Outpatient Substance Abuse Visits	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. • Routine chiropractic care and routine podiatry care is not covered by the plan.
Emergency Services, Surgical Services, & Ambulance	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Tests, X-Rays, & Labs Includes: • X-Rays, Laboratory tests & Blood • Radiation Therapy • MRI, MRA, CT & PET scans, Nuclear Medicine	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Durable Medicare Equipment, Supplies & Part B Drugs Includes: • Durable Medical Equipment & Prosthetics • Diabetes Supplies & Training • Part B drugs	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Rehabilitation Services Includes: • Physical Therapy • Occupational Therapy • Speech Therapy • Cardiac Rehabilitation Therapy	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Preventive Services Includes: • Annual Wellness Exam • Immunizations (flu, pneumonia, Hepatitis B) • Pap Smear & Pelvic Exam • Mammogram • Prostate Exam • Colorectal Screening Exams • Bone Mass Measurements • HIV Screenings • Other Preventive Services covered by Medicare	• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
ADDITIONAL BENEFITS	
Hearing Services Includes: • 1 routine hearing test per year. • 1 fitting evaluation for a hearing aid(s), every three years (each ear). • 1 hearing aid allowance every three years.	• $25 copay for a routine hearing test - 1 per year. • $25 copay for a fitting evaluation - 1 every three years. • UPMC Complementary Plan will pay the remainder balance after the copays have been met. • UPMC Complementary Plan will pay up to $1,000 for hearing aid(s) every three years. You are responsible for any costs above $1,000 for the hearing

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Vision Services Includes: • 1 routine eye exam every two years. • 1 pair of eye glasses (including a standard lens) or contact lenses every 2 years.	• $250 allowance for routine vision services every two years. This is a combined allowance that must be used for both an eye exam and eyewear. • UPMC Complementary Plan will pay up to $250 for routine vision services. You are responsible for any costs above $250 for routine vision services.
Emergency Worldwide Travel Assistance	• UPMC Complementary Plan pays qualified services at 100%. • Travel assistance must be obtained through Assist America.
PRESCRIPTION DRUG COVERAGE	
Tier 1: Generic Drugs	$10 copay - 30 day $20 copay - 90 day
Tier 2: Preferred Brand Drugs	$30 copay - 30 day $60 copay - 90 day
Tier 3: Non-Preferred Brand Drugs	$60 copay - 30 day $120 copay - 90 day
Tier 4: Specialty Drugs	25% coinsurance (30 day supply only)
Tier 5: Select Care Drugs (Select Generics)	$0 copay - 30 day $0 copay - 90 day
Initial Coverage Limit	$2,960
Coverage Gap Cost-Sharing The member will continue to pay the same copay amount for generic and brand-name drugs in the coverage gap phase that he/she paid in the Initial Coverage Stage.	**30-day Supply** Once the member's yearly drug costs reach **$2,960** and until the member's yearly out-of-pocket costs reach $**4,700**, the prescription drug copay/coinsurance amounts are: $10 copay for Generic Drugs $30 copay for Preferred Brand Drugs $60 copay for Non-Preferred Brand Drugs *25* % coinsurance for Specialty Drugs $0 copay for Select Care Drugs
	90-day Supply Once the member's yearly drug costs reach **$2,960** and until the member's yearly out-of-pocket costs reach **$4,700**, the prescription drug copay/coinsurance amounts are: $20 copay for Generic Drugs $60 copay for Preferred Brand Drugs $120 copay for Non-Preferred Brand Drugs $0 copay for Select Care Drugs
Out-of-Pocket Maximum (TrOOP)	$4,700
Catastrophic Coverage Copays	$2.65 for generic (brand treated like generic) $6.60 for all other drugs, or 5% coinsurance

[1]Please submit claims to your Primary Insurance Carrier, prior to submitting to UPMC Health Benefits, Inc. Complementary Plan. (Primary Carrier e.g., Medicare, Veteran's Administration, Aetna, etc.)

[2]A benefit period begins the first day you receive services as an inpatient or skilled nursing patient and ends after you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.

Total Monthly Premium	**$365.00**

NOTE: UPMC Health Plan, Inc., has determined that the prescription drug coverage offered by this employer group plan for 2015 is creditable coverage.

This grid is not intended to provide a full description of benefits. Please refer to the Certificate of Coverage for complete benefit information.