UPMC *for Life*
2015 University of Pittsburgh PPO Basic Plan

Benefits	Custom PPO	
	In-Network	**Out-of-Network**
ANNUAL MAXIMUM		
Out-of-Pocket Limit[1]	$1,000	$3,400 (combined in- & out-of-network)
Annual Deductible	$250 deductible	$500 deductible
INPATIENT CARE		
Inpatient Hospital[2]	10% coinsurance after deductible	20% coinsurance after deductible
Inpatient Mental Health[2]	10% coinsurance after deductible	20% coinsurance after deductible
Skilled Nursing Facility[2] (100 day benefit limit)	10% coinsurance after deductible	20% coinsurance after deductible
Home Health Care[2]	10% coinsurance after deductible	20% coinsurance after deductible
Hospice	Medicare-covered	Medicare-covered
OUTPATIENT CARE		
PCP Visits	$20 copay	20% coinsurance after deductible
Specialist Visits & Urgent Care Clinics	$20 copay	20% coinsurance after deductible
Chiropractic Services	10% coinsurance after deductible	20% coinsurance after deductible
Routine Chiropractic Visits	10% coinsurance after deductible 6 visits per year	Not Covered
Podiatry Services	10% coinsurance after deductible	20% coinsurance after deductible
Routine Podiatry Services	10% coinsurance after deductible 4 visits per year	Not Covered
Outpatient Mental Health/Substance Abuse	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery/ASC[2]	10% coinsurance after deductible	20% coinsurance after deductible
Ambulance Services	10% coinsurance after deductible - per one-way trip	20% coinsurance after deductible
Emergency Care	$65 copay - Worldwide Coverage	
Urgent Care (out-of-area)	$20 copay - Worldwide Coverage	
Outpatient Rehab (PT,OT,ST)	10% coinsurance after deductible	20% coinsurance after deductible
Cardiac & Pulmonary Rehab Services	$0 copay	20% coinsurance after deductible
OUTPATIENT MEDICARE AND SUPPLIES		
Durable Medical Equipment/ Prosthetics[2]	10% coinsurance after deductible	50% coinsurance after deductible
Oxygen & related equipment	10% coinsurance after deductible	50% coinsurance after deductible
Diabetes Supplies	10% coinsurance after deductible	20% coinsurance after deductible
Part B Drugs[2]	10% coinsurance after deductible	20% coinsurance after deductible
Diagnostic Tests, X-Rays, Labs[2]	$0 copay - labs & radiation $0 copay - x-rays $25 copay - advanced imaging	20% coinsurance after deductible
PREVENTIVE SERVICES		
Immunizations[3] (flu, pneumonia, Hepatitis B)	$0 copay	$0 copay
Annual Wellness Exam/Routine Physical Exam[3]	$0 copay - 1 exam per year	20% coinsurance - 1 exam per year
Preventive Screening Exams[3] Includes: bone mass measurement, mammograms, Pap & pelvic exam, colorectal screenings, prostate exam, and other Medicare-covered preventive screenings	$0 copay	20% coinsurance

UPMC *for Life*
2015 University of Pittsburgh PPO Basic Plan

Benefits	Custom PPO	
	In-Network	**Out-of-Network**
Hearing Services		
Medicare-covered Hearing Exams	$20 copay	20% coinsurance after deductible
Routine Hearing Exam	$20 copay - 1 routine exam per year	50% coinsurance
Hearing Aid Fitting & Evaluation	$20 copay - 1 fitting every 3 years	50% coinsurance
Hearing Aid(s)	$500 allowance - every 3 years combined in- and out-of-network (50% OON coinsurance)	
Vision Services		
Medicare-covered Vision Exams	$20 copay	20% coinsurance after deductible
Glaucoma Screening/Diabetic Retinal Eye Exam	$0 copay	20% coninsurance
Routine Eyewear and Routine Eye Exam[4]	$250 allowance, every 2 years combined IN/OON	
Health/Wellness includes fitness benefit	Fitness Benefit $0 copay	50% coinsurance
Assist America® (emergency travel benefit)	$0 copay	
Prescription Drugs		
Tier 1: Generic Drugs	$10 copay - 30 day $20 copay - 90 day retail & mail-order	
Tier 2: Preferred Brand Drugs	$35 copay - 30 day $70 copay - 90 day retail & mail-order	
Tier 3: Non- Preferred Brand Drugs	$70 copay - 30 day $140 copay - 90 day retail & mail-order	
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 retail & mail-order	
Initial Coverage Limit	**$2,850**	
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 $35 copay for Preferred Brand Drugs $70 copay for Non-Pref 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 $70 copay for Preferred Brand Drugs $140 copay for Non-Pref Brand Drugs $0 copay for Select Care Drugs	
Out-of-Pocket Maximum (TrOOP)	**$4,700**	
Catastrophic Coverage Copays	$2.65 for generic, $6.60 for all other drugs, or 5% coinsurance	

UPMC *for Life*
2015 University of Pittsburgh PPO Basic Plan

Benefits	Custom PPO	
	In-Network	Out-of-Network

[1] Member's cost-sharing accumulates toward the OOP limit (excludes Part D drugs, routine dental, routine hearing, and routine vision services). Once the annual out-of-pocket maximum is met, additional covered services are paid at 100% by the plan.
[2] These services require prior authorization.
[3] A separate copay may apply if additional medical services are performed during the same visit as a preventive service.
[4] This is a combined allowance that must be used for both a routine eye exam and eyewear.

Total Monthly Premium	**$290.00**

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 Evidence of Coverage for complete benefit information.