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

## 2020 National Complementary Plan w/ Rx - University of Pittsburgh

| Covered Services | | Changes |
|---|---|---|
| **Benefits** | **National Complementary** | |
| **Group #** | **MC0014** | |
| **Sub Group #** | **600, 602 - 609** | |
| **Billing Status** | **Group Billed** | |
| **Service Area** | **National** | |
| **Year** | **2020** | |
| **Plan Code** | **T05** | |
| **Total Monthly Premium** | **$340** | |
| **HOSPITAL SERVICES[1]** | | |
| **Inpatient Hospitalization**<br>Includes:<br>• Inpatient Mental Health<br>• Inpatient Substance Abuse | • You pay $100 inpatient deductible on your first hospital stay per year.<br>• UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid and the $100 deductible has been met.<br>• UPMC Complementary Plan will pay 365 days additional coverage after primary coverage has exhausted. | |
| **Skilled Nursing Facility Care**<br>(100 day benefit per benefit period)<br><br>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. | • For days 1-100, UPMC Complementary Plan pays 100% of the remaining medically necessary costs after the primary carrier has paid.<br>• 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. | |
| **MEDICAL SERVICES[1]** | | |
| **Physician Visits**<br>(**Telehealth** ✓)<br>Includes:<br>• Primary Care Physicians (PCP ✓)<br>• Specialist Visits (✓)<br>• eVisit (✓) and eDerm (✓)<br>• Chiropractic Services (Medicare-covered<br>• Podiatry Services (Medicare-covered)<br>• Outpatient Mental Health (✓)<br>• Outpatient Psychiatric (✓)<br>• Outpatient Substance Abuse (✓)<br>• Opioid Treatment Services<br>• Additional Telehealth Services (✓) | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.<br>• Routine chiropractic care and routine podiatry care is not covered by the plan. | **eDerm is covered under Telehealth**<br><br>**Added benefit: Opioid Treatment Services** |
| **Emergency, Urgent Care Services** | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. | |
| **Outpatient Surgery and Ambulatory Surgical Center (ASC)**<br><br>**Ambulance (Ground & Air)** | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. | |
| **Diagnostic Tests, X-Rays, & Labs**<br>Includes:<br>• Blood<br>• X-rays<br>• Lab Services<br>• Diagnostic Procedures/tests<br>• Diagnostic Radiological Services<br>• MRI, MRA, CT scans, PET scans, Nuclear Medicine | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. | |

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| **Durable Medicare Equipment, Supplies & Part B Drugs**<br>Includes:<br>• Durable Medical Equipment<br>• Oxygen<br>• Prosthetics<br>• Diabetes Supplies & Training (✓)<br>• Part B drugs | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. | |
| **Rehabilitation Services**<br>Includes:<br>• Physical Therapy, Occupational Therapy, Speech Therapy<br>• Cardiac/Pulmonary Rehabilitation Therapy<br>• Supervised Exercise Therapy for peripheral artery disease (SET) | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid. | |
| **Preventive Services**<br>Includes:<br>• Annual Wellness Exam<br>• Immunizations (flu, pneumonia, Hepatitis B)<br>• Pap Smear & Pelvic Exam<br>• Mammogram<br>• Prostate Exam<br>• Colorectal Screening Exams<br>• Bone Mass Measurements<br>• HIV Screenings<br>• Smoking and Tobacco Use Cessation<br>• Other Preventive Services covered by Medicare | • UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.<br>• You pay $0 copay for 4 additional visits of Smoking and Tobacco Use Cessation. | |
| **ADDITIONAL BENEFITS** | | |
| **Hearing Services**<br>Includes:<br>• 1 routine hearing exam per year.<br>• 1 fitting evaluation for a hearing aid(s), every 3 years (each ear).<br>• 1 hearing aid allowance every 3 years (not to exceed the cost of the aid). | • You pay $25 copay for a routine hearing exam; up to 1 exam per year.<br>• You pay $25 copay for a fitting evaluation for a hearing aid(s); up to 1 fitting evaluation every 3 years.<br>• UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.<br>• UPMC Complementary Plan will pay up to $1,000 for a hearing aid every 3 years. You are responsible for any costs above $1,000 for the hearing aid. | |
| **Vision Services**<br>Includes:<br>• 1 routine eye exam every two years.<br>• 1 pair of eye glasses (including a standard lens) or contact lenses every 2 years.<br><br>This benefit is administered on a rolling calendar year, since your last visit or service. | • You pay $0 copay for routine vision exams; up to 1 exam every 2 years.<br>• UPMC Complementary Plan will pay up to $250 for routine vision eyewear, every two years. You are responsible for any costs above $250 for routine vision eyewear. | |

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| **Fitness Benefit (SilverSneakers)**<br>Includes:<br>• Fitness center basic membership through the fitness facility network | • UPMC Complementary Plan pays qualified services at 100%.<br>• $0 copay for Fitness Benefit obtained through SilverSneakers including 1 personal training per year. | |
| **Other Services**<br>Includes:<br>• Counseling Services<br>• Bathroom Safety Devices (BSD) | • UPMC Complementary Plan pays qualified services at 100%.<br>• $0 copay for up to 6 counseling sessions per year.<br>• $0 copay for up to 3 bathroom safety devices per year. | **Added benefits: Counseling Services and Bathroom Safety Devices** |
| **Emergency Worldwide Travel Assistance** | • UPMC Complementary Plan pays qualified services at 100%.<br>• Travel assistance must be obtained through Assist America. | |
| **PRESCRIPTION DRUG COVERAGE** | | |
| **Tier 1: Preferred Generic Drugs** | **Preferred:**<br>$0 copay - 30 day supply (retail)<br>$0 copay - 90 day supply (retail) | |
| | **Standard:**<br>$15 copay - 30 day supply (retail)<br>$27 copay - 90 day supply (retail)<br>$0 copay - 90 day supply (mail-order) | |
| **Tier 2: Generic Drugs** | **Preferred:**<br>$10 copay - 30 day supply (retail)<br>$20 copay - 90 day supply (retail) | |
| | **Standard:**<br>$20 copay - 30 day supply (retail)<br>$48 copay - 90 day supply (retail )<br>$20 copay - 90 day supply (mail-order) | |
| **Tier 3: Preferred Brand Drugs** | **Preferred:**<br>$47 copay - 30 day supply (retail)<br>$105 copay - 90 day supply (retail) | |
| | **Standard:**<br>$47 copay - 30 day supply (retail)<br>$141 copay - 90 day supply (retail)<br>$105 copay - 90 day supply (mail-order) | |
| **Tier 4: Non-Preferred Drugs** | **Preferred:**<br>$100 copay - 30 day supply (retail)<br>$285 copay - 90 day supply (retail) | |
| | **Standard:**<br>$100 copay - 30 day supply (retail)<br>$300 copay - 90 day supply (retail)<br>$285 copay - 90 day supply (mail-order) | |
| **Tier 5: Specialty Drugs** | **Preferred & Standard:** 33% coinsurance<br>30-day supply only | |
| **Initial Coverage Limit** | $4,020 | |
| **Out-of-Pocket Maximum (TrOOP)** | $6,350 | |

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| **Coverage Gap** | Full Coverage with Wrap-around: | |
| | During the Coverage Gap Stage, the member will continue to pay the same copays as in the Initial Coverage stage. | |
| **Catastrophic Coverage Copays** | Greater of:<br>$3.60 for generic/brand treated as generic<br>$8.95 for 5% all others | |

[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.)

**NOTE: UPMC Health Plan, Inc., has determined that the prescription drug coverage offered by this employer group plan for 2020 is creditable coverage.**

UPMC HEALTH BENEFITS, INC.

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