

UPMC for Life
2021 HMO Custom Plan - University of Pittsburgh

Plan Design	Custom HMO
ANNUAL MAXIMUMS	
Annual Deductible	\$0
Annual Out-of-Pocket Limit	\$3,400
INPATIENT CARE	
Inpatient Hospital <i>*prior auth required</i>	\$50 copay per stay
Inpatient Mental Health Care <i>*prior auth required</i>	\$50 copay per stay
Skilled Nursing Facility <i>*prior auth required</i> <i>(100 day benefit per benefit period)</i>	\$0 copay per day for days 1-100
Blood (3 pints)	\$0 copay
Home Health Care <i>*prior auth required</i>	\$0 copay
Home Health Care (Telehealth)	\$0 copay
OUTPATIENT CARE	
Primary Care Doctor Visits	\$15 copay
Primary Care Doctor Visits (Telehealth)	\$0 copay
Specialist Visits <i>*prior auth required for acupuncture</i>	\$20 copay
Specialist Visits (Telehealth)	\$15 copay
Chiropractic Services (Medicare-covered)	\$20 copay
Chiropractic Services (Routine) <i>(6 visits every year)</i>	\$20 copay
Podiatry Services (Medicare-covered)	\$20 copay
Podiatry Services (Routine) <i>(8 visits every year)</i>	\$20 copay
Outpatient Mental Health Services	\$20 copay
Outpatient Mental Health (Telehealth)	\$15 copay
Outpatient Psychiatric Services	\$20 copay
Outpatient Psychiatric Services (Telehealth)	\$15 copay
Outpatient Substance Abuse	\$20 copay
Outpatient Substance Abuse (Telehealth)	\$15 copay
Opioid Treatment Services <i>*prior auth required</i>	\$20 copay
Partial Hospitalization	\$0 copay
Outpatient Surgery and Ambulatory Surgical Center (ASC) <i>*prior auth required</i>	\$50 copay
Observation Stay <i>*prior auth required</i>	\$50 copay
Ambulance Services - (Ground & Air) <i>*prior auth required for non-emergency Medicare-covered services</i>	\$0 copay per one-way trip
Emergency Care <i>(waived if admitted within 3 days)</i>	\$75 copay
Urgently Needed Care (Clinics) <i>(out-of-area; urgent care clinics)</i>	\$20 copay
Outpatient Rehab Services (PT, OT, ST) <i>*prior auth required for select PT,OT, ST services</i>	\$20 copay
Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	\$0 copay

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OUTPATIENT MEDICAL AND SUPPLIES	
Durable Medical Equipment (DME)/Oxygen <i>*prior auth required for DME</i>	\$0 copay
Prosthetic Devices and Medical Supplies <i>*prior auth required for prosthetics</i>	\$0 copay
Diabetes Training	\$0 copay
Diabetes Training (Telehealth)	\$0 copay
Diabetic Supplies, Shoes or Inserts	\$0 copay
Part B Drugs <i>* prior auth required</i>	\$0 copay Part B drugs (non-self admin) in office/outpatient \$10 copay - 30 day supply
Kidney Disease Training	\$0 copay
Renal Dialysis (ESRD) <i>*prior auth required for outpatient services</i>	\$0 copay
Lab Services <i>(single copay per day per facility)</i>	\$0 copay
Diagnostic Procedures/Tests <i>*prior auth required for certain services (single copay per day per facility)</i>	\$0 copay
X-Ray Services (Basic Imaging) <i>(single copay per day per facility)</i>	\$0 copay
Diagnostic Radiological Services (Advanced Imaging) <i>*prior auth required (single copay per service)</i>	\$0 copay
Therapeutic Radiological Services (Radiation) <i>(single copay per day per facility)</i>	\$0 copay
PREVENTIVE SERVICES	
Immunizations <i>(influenza, pneumonia, Hepatitis B)</i>	\$0 copay
Annual Wellness Visit	\$0 copay
Screening Exams <i>(Includes: Bone Mass Measurement, Colorectal Screening, Mammograms, Pap & Pelvic, Prostate Exams, all Medicare-covered Preventive Services)</i>	\$0 copay
ADDITIONAL BENEFITS	
Dental Services (Preventive Dental Services are offered through Avesis)	
Dental Services (Medicare-covered)	\$20 copay
Routine Dental Cleaning <i>(two every year)</i>	\$0 copay
Dental Oral Exam (Routine) <i>(two every year)</i>	\$20 copay
Dental Oral Exam - Comprehensive <i>(one every 36 months)</i>	\$20 copay
Dental X-rays - Bitewing <i>(once every year)</i>	\$20 copay
Comprehensive Dental Allowance <i>(every year- coverage includes fillings and simple tooth extractions)</i>	20% coinsurance
Hearing Services	
Hearing Services (Medicare-covered)	\$20 copay
Hearing Exam (Routine) <i>(once every year)</i>	\$20 copay
Hearing Aid Fitting (Routine) <i>(once every three years)</i>	\$20 copay
Hearing Aids (Routine) <i>(once every three years)</i>	\$1,000 allowance

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Vision Services (Routine Vision Services offered through Envolve)	
Vision Services (Medicare-covered)	\$20 copay
Glaucoma Screening and Diabetic Retinal Eye Exam (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered) <i>(Cataract Glasses/Lens)</i>	\$0 copay
Vision Exam (Routine) <i>(once every two years)</i>	\$0 copay
Vision Eyewear (Routine) <i>(once every two years)</i>	\$250 allowance
Other Services	
Fitness Benefit (SilverSneakers) <i>(includes one personal training session/year)</i>	\$0 copay
Nurse Advice Line <i>(UPMC MyHealth 24/7 Nurse Line)</i>	\$0 copay
Remote Technologies - eVisits <i>(UPMC AnywhereCare)</i>	\$15 copay - eVisits
Counseling Services <i>(6 sessions per year)</i>	\$0 copay
Support for Caregivers <i>6 Sessions through Resources for Life and Powerful Tools for Caregivers</i>	\$0 copay
Palliative Care <i>*prior auth required</i>	\$0 copay
Smoking and Tobacco Use Cessation <i>(4 additional sessions)</i>	\$0 copay
Bathroom Safety Devices (BSD) <i>(3 products per year)</i>	\$0 copay
In-Home Safety Assessment <i>(1 per year)</i>	\$0 copay
Visitor/Travel Benefit	Covered in Arizona, Florida, Georgia, North Carolina, South Carolina, Tennessee
Worldwide Emergency Coverage	Assist America Travel Benefit

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PART D PRESCRIPTION DRUGS	
Tier 1: Preferred Generic Drugs	<p>Preferred: \$0 copay - 30 day supply (retail) \$0 copay - 90 day supply (retail)</p>
	<p>Standard: \$15 copay - 30 day supply (retail) \$30 copay - 90 day supply (retail) \$0 copay - 90 day supply (mail-order)</p>
Tier 2: Generic Drugs	<p>Preferred: \$10 copay - 30 day supply (retail) \$20 copay - 90 day supply (retail)</p>
	<p>Standard: \$20 copay - 30 day supply (retail) \$40 copay - 90 day supply (retail) \$20 copay - 90 day supply (mail-order)</p>
Tier 3: Preferred Brand Drugs	<p>Preferred: \$47 copay - 30 day supply (retail) \$117.50 copay - 90 day supply (retail)</p>
	<p>Standard: \$47 copay - 30 day supply (retail) \$141 copay - 90 day supply (retail) \$117.50 copay - 90 day supply (mail-order)</p>
Tier 4: Non-Preferred Drugs	<p>Preferred: \$100 copay - 30 day supply (retail) \$300 copay - 90 day supply (retail)</p>
	<p>Standard: \$100 copay - 30 day supply (retail) \$300 copay - 90 day supply (retail) \$300 copay - 90 day supply (mail-order)</p>
Tier 5: Specialty Drugs	<p>Preferred & Standard: 33% coinsurance - 30 day supply only</p>
Initial Coverage Limit	\$4,130
Out-of-Pocket Limit (TrOOP)	\$6,550
Coverage Gap	<p><u>Full Coverage Wrap-around:</u> During the Coverage Gap Stage, the member will continue to pay the same copays as in the Initial Coverage stage.</p>
Catastrophic Coverage Copays	<p>Greater of: \$3.70 generic/brand treated as generic \$9.20 or 5% all others</p>