arrier has paid. A benefit period begins the first day you receive services as an inpatient or skilled nursing petitent and ends after you have been discharged from the facility and have not been readmitted to any facility for fold days in a row.  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid of primary carrier has paid to primary carrier primary carrier has paid to primary carrier primary carrier primary carrier has paid to provide the primary carrier has paid to provi	UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 Nat	ional Complementary with Rx - University of Pittsburgh							
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apail.  JUMC Complementary Plan will pay 363 additional coverage after the primary coverage has exhausted.  Sixilide Nursing Facility (days 1: 100 day)  A penedic payold begins the first day you receive services as an impalient or skilled nursing payon and ends after you have been delicateged from the facility and have not been readmitted to any facility for 50 days in a row.  Primary coverage has 100, UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid to any facility for 50 days in a row.  Primary cree Physician (PCP) Visits  Techhealth  DIPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid training and the primary carrier has paid training and primary cree Physician (PCP) Visits  Primary Cree Physician (PCP) Visits  Techhealth  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid training and primary cree Physician (PCP) Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid training and primary cree Physician (PCP) Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid training and training	INPATIENT CARE								
Comparison Services	Inpatient Hospital/Mental Health Care	paid.  • UPMC Complementary Plan will pay 365 additional coverage after the primary coverage has							
pastent and ends after you have been discharged from the facility and have not been readmitted to any facility for 60 days in a row.  Blood (3 pmts)  WPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (5 pmts)  Home Health Care  Telehealth  DPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid called the medically necessary costs after the primary carrier has paid (5 pmts)  DVIPATENT CARE  Primary Care Physician (PCP) Visits  Telehealth  DPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (5 pmts)  Telehealth  DPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (5 pmts)  Telehealth  DPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (5 pmts)  Specialist Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (5 pmts)  Specialist Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (6 pmts)  Specialist Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (6 pmts)  Specialist Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (6 pmts)  Specialist Visits  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (6 pmts)  Objects (Routine)  Politary Services (Routine)  Noutine politary care is not covered by the plan.  OPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (6 pmts)  UpMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (7 pmts)  UpMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (7 pmts)  UpMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid (7 pmts)		'							
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Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)  UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid	Cardiac/Pulmonary Rehab & Supervised Exercise Therapy (SET)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.							

UPMC Health Benefits, Inc. (An affiliate of UPMC Health Plan) 2025 Nat	ional Complementary with Rx - University of Pittsburgh
OUTPATIENT MEDICAL AND SUPPLIES	
Durable Medical Equipment (DME)/Oxygen	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Prosthetic Devices and Medical Supplies	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetes Training Telehealth	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Monitors and Teststrips - LifeScan Only	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Supplies - All Other Brands	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diabetic Shoes or Inserts	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs - Insulin	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Part B Drugs	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Kidney Disease Training	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Renal Dialysis (ESRD)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Lab Services	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Procedures/Tests	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic X-Ray Services (Basic Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Diagnostic Radiological Services (Advanced Imaging)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Therapeutic Radiological Services (Radiation)	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
PREVENTIVE SERVICES	
Immunizations	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Annual Wellness Visit	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
Screening Exams	UPMC Complementary Plan pays 100% of medically necessary costs after the primary carrier has paid.
ADDITIONAL BENEFITS	
Hearing Services	
Hearing Exam (Routine)	
(1 every year)	You pay a \$20 copayment for 1 routine hearing exam every year.
Hearing Aid Fitting (Routine) (1 every year)	You pay a \$20 copayment for 1 routine fitting evaluation every year.
Hearing Aids (Routine) (1 every year)	UPMC Complementary plan will provide the member access to Amplifon's discounted hearing program, which will allow members to receive hearing aids where final purchase price will be \$690-\$1,890 per aid. UPMC Complementary Plan will pay the remainder balance after the copayments have been met on the hearing exam and fitting evaluation.
Vision Services	
Vision Exam (Routine) (1 every year)	You pay \$0 copayment for 1 routine vision exam every year.
Vision Eyewear (Routine) (1 every year)	UPMC Complementary Plan will pay up to \$250 for routine vision eyewear, every year. You are responsible for any costs above \$250 for routine vision eyewear.

Other Services	
	UPMC Complementary Plan pays qualified services at 100%.
	You pay \$0 copayment for the following:
Counseling Services (Resources for Life )	Counseling services - 6 sessions per issue.
itness Benefit (SilverSneakers and personal training session)	Fitness Benefit (SilverSneakers) - 1 every year.
lealth and Wellness Benefit (Rx Well)	Rx Well - 1 every year
Home Safety Items	Home Safety Items - 3 every year.
n-Home Safety Assessment	Not Covered
Jurse Advice Line	Nurse advice line.
alliative Care (including eligible meals)	Not Covered
temote Technologies (AnywhereCare eVisits)	AnywhereCare eVisits.
Routine Physical Exam	Not Covered
moking and Tobacco Use Cessation	Smoking and tobacco use cessation - 4 addt'l sessions.
support for Caregivers (Resources for Life )	Not Covered
support for Caregivers (Powerful Tools for Caregivers)	Support for caregivers (Powerful Tools for Caregivers).
Vorldwide Emergency Coverage	Emergency travel assistance transportation services are available worldwide when traveling

<sup>\*</sup>Claims must be submitted to Primary Insurance Carriers first (i.e. Medicare, Veteran's Administration) prior to submitting to UPMC Health Benefits, Inc. and unless specifically noted in the grid

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UPMC Health Benefits,	Inc. (An aff	iliate of UPN	ЛС Health Pl	an) <b>2025</b>	National	Complem	entary w	ith Kx - U	niversity	of Pittsbu	irgh			
Part D Prescription Drugs							20	25						
DEDUCTIBLE STAGE						There is no o		Part D presci	rintion drugs					
Rx Deductible						THERE IS NO C		0	iption drugs.					
INITIAL COVERAGE STAGE	Member pays cost-sharing amounts below until total yearly costs reach the Out-of-pocket Limit.													
Initial Coverage Limit (ICL)		N/A												
	20 do	, annah,		harmacy	100 do	, aummby	30 do	eummh.		order supply	100 do	, aummby	LTC 31 day	OON 30 day
	Preferred	supply Standard	Preferred	supply Standard	Preferred	supply Standard	Preferred	supply Standard	Preferred	Standard	Preferred	supply Standard	Preferred	Standard
Tier 1: Preferred Generic Drugs	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15
Tier 2:	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20
Generic Drugs Tier 3:	\$47	\$47	\$94	\$94	\$129.50	\$141	\$47	\$47	\$94	\$94	\$117.50	\$141	\$47	\$47
Preferred Brand Drugs Tier 4:	<u> </u>								· ·					
Non-Preferred Drugs	\$100	\$100	\$200	\$200	\$300	\$300	\$100	\$100	\$200	\$200	\$300	\$300	\$100	\$100
Tier 5: Specialty Drugs	33%	33%	n/a	n/a	n/a	n/a	33%	33%	n/a	n/a	n/a	n/a	33%	33%
Out-of-Pocket Limit (TrOOP)  Coverage in the Coverage Gap	_	\$2,000  Starting in 2025, the Coverage Gap Discount Program will be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.												
	<u> </u>		Retail n	harmacy			l		Mail-	order			LTC	OON
	30 day	supply		supply	100 day	/ supply	Mail-order  30 day supply 60 day supply 100 day supply					y supply	31 day	30 day
Insulins under the Inflation Reduction Act (IRA)	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic Drugs	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15	\$0	\$30	\$0	\$30	\$0	\$15
Tier 2: Generic Drugs	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20	\$20	\$40	\$20	\$40	\$10	\$20
Tier 3: Preferred Brand Drugs	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35
Tier 4: Non-Preferred Drugs	\$35	\$35	\$70	\$70	\$96.25	\$105	\$35	\$35	\$70	\$70	\$87.50	\$105	\$35	\$35
CATASTROPHIC COVERAGE STAGE		Member pays \$0												
ADDITIONAL PLAN INFO NOTE: UPMC Health Plan has det	ermined that	the prescript	ion drug cove	rage offered	by this empl	over group n	an for 2025 i	s creditable (	coverage.					
*Claims must be submitted to Pri						, , , , ,				and unless s	necifically no	ted in the aria	1	
Ciums must be submitted to Pri	mary msurano	e curriers jir	st (i.e. ivieaic	ure, veterans	Aummistrati	on) prior to s	uprilitting to	OF IVIC HEAILII	benejits, Inc.	unu umess s	pecifically 110	eu iii tiie grid	'	