

**UPMC for Life**  
**2019 HMO Custom Plan - University of Pittsburgh**

<b>Benefits</b>	<b>2019 - HMO Custom</b>
<b>Group #</b>	<b>H3907</b>
<b>Sub Group #</b>	<b>500,507,508,510,512, 515</b>
<b>Service Area</b>	<p><b>PA:</b> Allegheny, Adams, Armstrong, Beaver, Bedford, Berks, Blair, Bucks, Butler, Cambria, Cameron, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Montgomery, Perry, Philadelphia, Potter, Snyder, Somerset, Sullivan, Tioga, Union, Venango, Warren, Washington, Westmoreland, and York</p> <p><b>Ohio:</b> Harrison and Jefferson</p>
<b>Provider Network</b>	UPMC Medicare Network (HMO/PPO/Group network)
<b>Formulary</b>	Medicare HMO/PPO/Group Formulary (00019208)
<b>Plan Code</b>	<b>GQ2</b>
<b>Premium</b>	<b>\$257</b>
<b>ANNUAL MAXIMUMS</b>	
<b>Annual Deductible</b>	<b>n/a</b>
<b>Annual Out-of-Pocket Limit</b>	<b>\$3,400</b>
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital</b> <i>*prior auth required</i>	\$50 copay per stay
<b>Inpatient Mental Health Care</b> <i>*prior auth required</i>	\$50 copay per stay
<b>Skilled Nursing Facility</b> <i>*prior auth required</i> <i>(100 day benefit per benefit period)</i>	\$0 copay per day for days 1-100
<b>Blood (3 pints)</b>	\$0 copay
<b>Home Health Care</b> <i>*prior auth required</i>	\$0 copay
<b>OUTPATIENT CARE</b>	
<b>Primary Care Doctor Visits</b>	\$15 copay
<b>Specialist Visits</b> <i>*prior auth required for certain specialties</i>	\$20 copay
<b>Chiropractic Services (Medicare-covered)</b> <i>*prior auth required</i>	\$20 copay
<b>Chiropractic Services (Routine)</b> <i>(6 visits every year)</i>	\$20 copay
<b>Podiatry Services (Medicare-covered)</b>	\$20 copay
<b>Podiatry Services (Routine)</b> <i>(8 visits every year)</i>	\$20 copay
<b>Outpatient Mental Health</b>	\$20 copay
<b>Outpatient Psychiatric Services</b>	\$20 copay
<b>Outpatient Substance Abuse</b>	\$20 copay
<b>Partial Hospitalization</b>	\$0 copay
<b>Outpatient Surgery and Ambulatory Surgical Center (ASC)</b> <i>*prior auth required</i>	\$50 copay
<b>Observation Stay</b>	\$50 copay
<b>Ambulance Services - (Ground &amp; Air)</b> <i>*prior auth required for non-emergency Medicare-covered services</i>	\$0 copay per one-way trip

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<b>Emergency Care</b> <i>(waived if admitted within 3 days)</i>	\$75 copay
<b>Urgently Needed Care (Clinics)</b> <i>(out-of-area; urgent care clinics)</i>	\$20 copay
<b>Outpatient Rehab Services (PT, OT, ST)</b> <i>*prior auth required</i>	\$20 copay
<b>Cardiac/Pulmonary Rehab</b>	\$0 copay
<b>OUTPATIENT MEDICAL AND SUPPLIES</b>	
<b>Durable Medical Equipment (DME)/Oxygen</b> <i>*prior auth required for DME</i>	\$0 copay
<b>Prosthetic Devices and Medical Supplies</b> <i>*prior auth required for prosthetics</i>	\$0 copay
<b>Diabetes Training</b>	\$0 copay
<b>Diabetic Supplies, Shoes or Inserts</b>	\$0 copay
<b>Part B Drugs</b> <i>*prior auth required</i>	\$0 copay Part B drugs (non-self admin) in office/outpatient \$10 copay - 30 day supply
<b>Kidney Disease Training</b>	\$0 copay
<b>Renal Dialysis (ESRD)</b>	\$0 copay
<b>Lab Services</b> <i>(single copay per day per facility)</i>	\$0 copay
<b>Diagnostic Procedures/Tests</b> <i>*prior auth required for certain services (single copay per day per facility)</i>	\$0 copay
<b>X-Ray Services (Basic Imaging)</b> <i>(single copay per day per facility)</i>	\$0 copay
<b>Diagnostic Radiological Services (Advanced Imaging)</b> <i>*prior auth required (single copay per service)</i>	\$0 copay
<b>Therapeutic Radiological Services (Radiation)</b> <i>(single copay per day per facility)</i>	\$0 copay
<b>PREVENTIVE SERVICES</b>	
<b>Immunizations</b> <i>(influenza, pneumonia, Hepatitis B)</i>	\$0 copay
<b>Annual Wellness Visit</b>	\$0 copay
<b>Screening Exams</b> <i>Includes: Bone Mass Measurement, Colorectal Screening, Mammograms, Pap &amp; Pelvic, Prostate Exams, all Medicare-covered Preventive Services</i>	\$0 copay
<b>ADDITIONAL BENEFITS</b>	
<b>Dental Services</b>	
<b>Dental Services (Medicare-covered)</b>	\$20 copay
<i>Preventive Dental Services are offered through Avesis</i>	
<b>Routine Dental Cleaning</b> <i>(two every year)</i>	\$0 copay
<b>Dental Oral Exam (Routine)</b> <i>(two every year)</i>	\$20 copay
<b>Dental Oral Exam - Comprehensive</b> <i>(one every 36 months)</i>	\$20 copay
<b>Dental X-rays - Bitewing</b> <i>(once every year)</i>	\$20 copay
<b>Comprehensive Dental Allowance</b> <i>(includes simple fillings and extractions)</i>	20% coinsurance

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<b>Hearing Services</b>	
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
<b>Vision Services</b>	
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
<b>Routine Vision Services offered through Envolve</b>	
Vision Exam (Routine) <i>(once every two years)</i>	\$0 copay
Vision Eyewear (Routine) <i>(once every two years)</i>	\$250 allowance
<b>Other Services</b>	
Fitness Benefit ( <i>SilverSneakers</i> ) <i>(includes one personal training session/yr)</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
Remote Technologies - eDerm <i>(UPMC eDermatology)</i>	\$20 copay - eDerm
Smoking and Tobacco Use Cessation <i>(4 additional sessions)</i>	\$0 copay
Meal Benefit	not covered
Medical Nutrition Therapy (MNT)	not covered
Over-the-counter (OTC) Items	not covered
Personal Emergency Response System (PERS)	not covered
Travel Concierge Program	Covered in Florida, Georgia, North Carolina, South Carolina and Tennessee
Worldwide Emergency Coverage	Assist America Travel Benefit

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<b>PART D PRESCRIPTION DRUGS</b>	
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay - 30 day supply (retail) \$0 copay - 90 day supply (retail & mail-order)
<b>Tier 2: Generic Drugs</b>	\$10 copay - 30 day supply (retail) \$20 copay - 90 day supply (retail & mail-order)
<b>Tier 3: Preferred Brand Drugs</b>	\$35 copay - 30 day supply (retail) \$70 copay - 90 day supply (retail & mail-order)
<b>Tier 4: Non-Preferred Drugs</b>	\$70 copay - 30 day supply (retail) \$140 copay - 90 day supply (retail & mail-order)
<b>Tier 5: Specialty Drugs</b>	25% coinsurance - 30 day supply only
<b>Initial Coverage Limit</b>	<b>\$3,820</b>
<b>Out-of-Pocket Limit (TrOOP)</b>	<b>\$5,100</b>
<b>Coverage Gap</b>	During the Coverage Gap Stage, the member will continue to pay the same copays as in the Initial Coverage stage.
<b>Catastrophic Coverage Copays</b>	Greater of: <b>\$3.40</b> generic/brand treated as generic <b>\$8.50</b> or <b>5%</b> all others

**NOTE: UPMC Health Plan has determined that the prescription drug coverage offered by this employer group plan for 2019 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.*